# 2019 CONVENTION RESOLUTIONS

## Adopted At The
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## VVA FOUNDING PRINCIPLE

**History:** First adopted at the founding convention in 1983 as G-1-83, - "Statement of Principle".

**Issue:** VVA first National Convention resolution vowed: Never again will one generation of veterans abandon another.

**Background:** Since 1983, VVA has supported veterans of other generations in their pursuit of health care and compensation for service-related diseases and disabilities. For example, VVA entered an amicus brief in support of the National Atomic Radiation Survivors, was the primary force behind judicial review that benefited veterans of all generations, and, most recently, has taken up the cause of Operation Desert Storm veterans in seeking answers to the causes of numerous illnesses since their return from that war.

In past years, delegates to VVA's National Conventions have approved resolutions to work on behalf of other generations of veterans: Specifically, AO-4-95 (Health Care for Veterans Exposed to Toxic Chemicals and Ionizing Radiation); E-7-91 (Desert Storm Educational Readjustment); E-13-95 (Transition Assistance to Separating Veterans); and P-7-95 (Endorsement for the Korean War Veterans Memorial). In addition, throughout past convention resolutions, there are numerous references to problems by all generations of veterans, such as employment readjustment, health care, POW/MIAs, and homelessness.

**Resolved, That:** Vietnam Veterans of America continues as a Founding Principle, Never again will one generation of veterans abandon another.

## RECOGNITION OF THE KOREAN WAR VETERANS

**History:** First adopted in 1993 as 2-93

**Issue:** The American government and public have now recognized the sacrifices, heroism, and deeds of our Korean War veterans.

**Background:** On July 27, 1953, a cease-fire was ordered in the Korean War. After fighting for nearly three years, the veterans of that war came home to no parades, no national message of thanks nor a job well done, even though, thanks to those veterans, the citizens of South Korea remain free to this day.

54,246 of our brother and sister veterans died in action there; 103,284 were wounded; and 7,800 remain POW/MIA. Although the Korean War is known as the Forgotten War, these veterans and their families certainly have not forgotten it.

At long last the veterans of the Korean War have a memorial dedicated to the veterans and casualties of that war, across the reflecting pool from our own Vietnam Veterans Memorial.

**Resolved, That:** Vietnam Veterans of America recognizes the sacrifice and deeds performed by the Korean War veterans and says to them with a strong voice, You have not been forgotten. Welcome home!

## VVA STRONGLY SUPPORTS THE ASSOCIATES OF VIETNAM VETERANS OF AMERICA

**History:** First adopted in 1999 as 3-99

**Issue:** Vietnam Veterans of America must continue to be committed to the improvement of the condition of Vietnam-era veterans, their families and others.

**Background:** Veterans' families and others have been a significant support system for many Vietnam veterans. Vietnam Veterans of America has always viewed its organization as family- oriented. Because of the IRS position, VVA has to change its current membership of associates and form a new organization called "Associates of Vietnam Veterans of America". Vietnam Veterans of America will support AVVA, to the fullest this new organization.

**Resolved, That:** Vietnam Veterans of America supports AVVA at all levels in VVA, the active involvement and input of family.

# AGENT ORANGE/DIOXIN COMMITTEE

## AO-1
## RESEARCH ON AGENT ORANGE/DIOXIN EFFECTS

**History:** First adopted in 1989 as V-5-89 and as V-6-89
Amended in 1991 as AO-1-91
Updated in 1993 as AO-1-93
Updated in 2003 as AO-1-03
Renumbered as AO-1 in 2011
Amended in 2019

**Issue:** Research into human health effects of exposure to the ingredients in Agent Orange/Dioxin and other herbicides and toxic chemicals used in Vietnam needs to continue in order to provide for the most complete understanding of these effects.

**Background:** While numerous scientific studies have revealed significant harmful effects of exposure to the ingredients of Agent Orange/Dioxin as well as other herbicides and toxic substances on humans and animals, continued research is needed to fully understand the entire range of the possible effects of such exposure. The National Academies of Science, Environment and Medicine (NASEM) review of scientific information indicated there are a number of studies that need replication in order to reach a scientifically accepted standard of significant association. VVA believes there needs to be a large-scale study of the effects on Vietnam veterans and their children and those other studies of positively exposed groups are needed to add to the knowledge on this issue. One critical component of such studies must be the effects on the children of Vietnam veterans and other exposed individuals.

**Resolved, That:** Vietnam Veterans of America, in light of the National Academies of Science, Environment and Medicine (NASEM) reports, demands that the U.S. Congress and the Department of Veterans Affairs (DVA) and other appropriate federal agencies initiate and support an independent comprehensive health study on veterans and their children, which includes determination of the delayed effects of exposure to the ingredients in Agent Orange/Dioxin and other toxic chemicals used primarily in Vietnam, this research which bases its decisions on scientifically accepted standards, i.e.: Standard Mortality Ratios (SMRs) determines significant associations for diseases currently recognized by the DVA as related to herbicide exposure to assist all veterans and families. The DVA must go beyond the SMRs and start to utilize and recognize Standard Incident measurements when determining significant associations of all diseases. In addition, VVA supports and encourages valid, independent, on-site, scientific research in Southeast Asia to ascertain the delayed effects of exposure to Agent Orange/Dioxin and other herbicides and toxic substances used during the Vietnam War. VVA supports and encourages continuing scientific research in communities, industries, and hazardous waste sites in the United

States where workers and residents have been exposed to toxic substances similar to those used in Southeast Asia, and further supports studies of the delayed effects of exposure.

## AO-2
## AGENT ORANGE/DIOXIN CHILDRENS REGISTRY; RECOGNIZING THE CONNECTION BETWEEN DIOXIN & LEARNING DISABLED CHILDREN

**History:**
First adopted in 1989 as G-4-89
In 1997 AO-16-97 was adopted to address the connection between learning disabled children and dioxin they were combined to create AO-2 in 2007
Renumbered in 2011 as AO-2

**Issue:** Many veterans, having been exposed to Agent Orange/Dioxin during their military service or elsewhere; subsequently, have become parents of children who may be physically or developmentally impaired as a result of such exposure (e.g., Spina bifida). Currently, there is no mechanism currently in place to monitor these children to establish patterns of physical or developmental impairments for purposes of ascertaining the effects of Agent Orange/Dioxin exposure on the parents of these children. It is also evident, from the scientific literature, that those of our children with a Learning Disabilities diagnosis lack the proper treatment and education needed to ultimately become productive members of society. And, because of parental exposure to Dioxins during the Vietnam era, studies have shown a marked increase in the number of children with learning disabilities. In particular, such evidence has shown a proportionally higher number of veterans‘ offspring are affected than those of non-veterans.

**Background:** It would contribute significantly to the information available on the effects of exposure to Agent Orange/Dioxin on the children of exposed veterans if data registry systems were developed. Furthermore, the development and maintenance of a national register/data bank of these children must include mechanisms that protect the privacy of these children and their families.

**Resolved, That**: Vietnam Veterans of America calls upon the U.S. Congress and the Department of Veterans Affairs to recognize the work already done by the BIRTH DEFECT RESEARCH FOR CHILDREN (BDRC) ORGANIZATION, formerly the Association of Birth Defect Children. BDRC should continue to register the children of Agent Orange/Dioxin-exposed veterans for the purpose of identification of any possible linkage between parental exposure and the health problems of such children. Furthermore, VVA supports BDRC in its continuing research of present and future generations of Agent Orange/Dioxin exposed children. Furthermore, that VVA:

- Strongly urge that chapters and state councils educate their membership on the cause and effect of exposure of the veteran. In addition, it should include the effect

this exposure has had or could have on their children and grandchildren.

- Strongly urge that VVA request that the Congress enact legislation that will mandate that the Department of Veterans Affairs or related agencies assist or compensate affected children.

**AO-4**
**VVA AGENT ORANGE/DIOXIN GUIDE**

**History:**
First adopted as in 1991 as AO-6-91
Renumbered in 1995 as AO-4-95
Renumbered in 2011 as AO-4

**Issue:** New research, new Department of Veterans Affairs (DVA) regulations, and new legislation have, over the years, increased the knowledge about and access to services for veterans regarding Agent Orange/ Dioxin exposure. Veterans and veteran's advocates need to have timely and accurate information to address their concerns.

**Background:** Vietnam Veterans of America has printed a number of editions of the highly regarded VVA Guide on Agent Orange. Copies have been provided to all VVA chapters and state councils, VVA service representatives, congressional offices, and veterans and their families and more recently has purchased and distributed the National Veterans Legal Services Programs (NVLSP) ―Self-Help Guide on Agent Orange. Through the use of this guide, VVA members have become the most knowledgeable group of veterans on this issue and have used this knowledge to advocate for successful legislative and regulatory initiatives.

**Resolved, That**: Vietnam Veterans of America mandates biennial revision and distribution of the VVA GUIDE ON AGENT ORANGE and encourages the periodic update of the NVLSP "Self-Help Guide on Agent Orange."

**AO-5**
**ASSURE PROPER IMPLEMENTATION OF THE AGENT ORANGE ACT OF 1991**

**History:**
First adopted in 1991 as AO-7-9
Renumbered in 1995 as AO-5-95
Renumbered in 2011 as AO-5

**Issue:** While the legislation enacted on February 6, 1991, PL 102-04, represents legitimate progress toward a long-term resolution of the Agent Orange/Dioxin issue, success of the statute relies heavily upon the panel assembled by the National Academies of Science, Environment and Medicine (NASEM) and upon the willingness of the Department of Veterans Affairs (DVA) to accept its recommendations.

**Background:** Under the circumstances, the proper execution of the law's intent requires careful monitoring of both the DVA and the NAS in order to assure that the NAS panel maintains scientific objectivity and that the DVA implements any clinical recommendations of the NAS.

**Resolved, That**: Vietnam Veterans of America will monitor the make-up of the NAS or any other contracted panel to assure its integrity as intended by law and will take all steps necessary to promote remedial legislation or other action as needed.

## AO-6
## DIOXIN DISPOSAL METHODS

**History:**
First adopted in 1993 as AO-9-93
Updated in 1995 as AO-6-95
Renumbered in 2011 as AO-6
Amended in 2017

**Issue:** Disposal and storage of Dioxin-contaminated materials and sediments can have a direct health impact on all citizens of this country.

**Background:** Ocean dumping of contaminated materials can directly impact on the food chain, leading to ingestion of food products containing Dioxin. In addition, unrestricted disposal of Dioxin-contaminated materials in landfills can affect ground water reservoirs and aquifers. Incineration of these materials may result in release into the atmosphere of potentially hazardous substances. Proper and safe disposal must be used in dealing with Dioxins. VVA must remain knowledgeable about the science of dioxin-contaminated sediments and supports necessary research to guarantee minimal health risks to the community.

**Resolved, That**: Vietnam Veterans of America opposes ocean dumping of Dioxin-contaminated materials and calls for immediate termination of EPA-approved dumping permits and landfill storage permits atop permeable sediments and/ permeable bedrock. VVA supports research on existing methods of disposal or storage of Dioxin-contaminated sediments and stands ready to work with all concerned scientific and ecological groups to ensure proper disposal or storage of these contaminated sediments.

## AO-7
## CHILDREN'S HEALTH CARE

**History:**
First adopted in 1991 as AO-3-91
Updated in 1995 as AO-8-95
Amended in 1997 as AO-8-97
Renumbered in 2003 as AO-7-03
Renumbered in 2011 as AO-7

**Issue:** Health care, compensation, and education has been awarded to the children of veterans who have Spina bifida as a result of their parents' exposure to Agent Orange/Dioxin and other toxic chemicals while in military service. However, there are more birth defects that are associated with this exposure.

**Background:** New studies are now showing a wide variety of birth defects in the children of civilians and veterans who were exposed to Agent Orange/Dioxin.

**Resolved, That**: Vietnam Veterans of America, supports a comprehensive health- care and special needs program and compensation to assist all veterans' children and subsequent generations who have birth defects, deficiencies, or disabilities reasonably associated with parental exposure to Agent Orange/Dioxin and other toxic chemicals while in military service.

## AO-8
## AGENT ORANGE/DIOXIN NETWORK

**History:**
First adopted in 1991 as AO-8-91
Updated in 1993 as AO-8-93
Updated in 1995 as AO-9-95
Amended in 1997 as AO-9-97
Renumbered in 2003 as AO-8-03
Renumbered in 2011 as AO-8

**Issue:** Although Vietnam veterans have information available to them on Agent Orange/Dioxin, they lack the immediate help and support that could be achieved through a veterans' Agent Orange/Dioxin network. We need more expansion and development of the network because of the releases of the National Academies of Science, Environment and Medicine (NASEM) reports.

**Background:** Vietnam veterans and their families are frustrated over the lack of immediate information on Agent Orange/Dioxin. The DVA has not cooperated in the dissemination of timely and accurate information. Veterans and their families need to know that there is immediate help and information for this intensely human problem. This includes the personal support that affected veterans can receive from other veterans through a network.

**Resolved, That**: Vietnam Veterans of America, directs that the national Agent Orange/Dioxin Committee under the direction of the National Agent Orange/Dioxin chair, shall;

1. Hold biennial Agent Orange/Dioxin symposium in conjunction with the National Leadership Conference. Chapter and state council Agent Orange/Dioxin committee chairpersons and any other interested parties may and are encouraged to attend, for the purpose of:
   - Continuing the development of national programs of direct and/or referral services;
   - Continuing and enhancing an interstate and intrastate networking model of information and support services;
   - Continuing the development and implementation of questionnaires for the purpose of recording and measuring the past and current health status of VVA members, their spouses, their children, and their grandchildren;
2. Require the National Board of Directors to maintain budget allocations for the aforementioned activities;
3. Actively promote and expand the Agent Orange/Dioxin network; and
4. Actively promote and expand the Agent Orange town hall meetings

## AO-9
## 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
Amended in 2019

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

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

**Background:** The use of chlorine in the papermaking industry's bleaching processes has been proven to create Dioxins, which are released into the environment. In recent years, concerned with their role and their responsibility to help protect the environment, a segment of the papermaking industry has worked to develop and market chlorine-free paper.

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

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

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

Other toxic substances which damage human health and the environment that came from manufacturing processes are lead, arsenic, mercury, PFC's, glycol ethers, and organophosphate pesticides.

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

**AO-10**
**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
Amended in 2019

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

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

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

The product "Roundup™," and several other widely used herbicide products are heavily utilized in the agricultural, forestry, aquaculture, utility, and consumer-product industries. These products contain glyphosate as the key chemical component that has been found in lab settings to harm a cell's DNA and thus potentially cause cancer, in a manner also called

genotoxicity. Further, scientists have found sufficient data to conclude glyphosate is a rodent carcinogen and suggestive evidence of positive association between NHL and exposure.

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

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

The recent huge jury and courts liability and damages awards appear to be from "bellwether trials" of the hundreds of "Roundup™" lawsuits already filed.

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

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

## AO-12
## NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS) FUNDING FOR RESEARCH IN VIETNAM

**History:**
First adopted in 1995 as AO-14-95
Amended in 1997 as AO-14-97
Amended in 1999 as AO-14-99
Renumbered in 2001 as AO-13-01
Amended in 2003 as AO-12-03
Renumbered in 2011 as AO-12

**Issue:** The best laboratory for research on the environment and health risks associated with Agent Orange/Dioxin contamination is Vietnam. Continued funding must be provided for this essential research to find the final solution/resolution to the Dioxin problem.

**Background:** The National Institute of Environmental Health Sciences (NIEHS) has agreed to spend a minimal amount (less than $2 million) for health-related studies in Vietnam.

**Resolved, That:** Vietnam Veterans of America, supports continued advocacy with the National Institute of Environmental Health Sciences (NIEHS) for increased funding for health-related studies in Vietnam in conjunction with the protocol established by the Memorandum of Understanding signed by the governments of Vietnam and the United States on March 10, 2002.

## AO-13
## AGENT ORANGE/DIOXIN AWARENESS MONTH

**History:**
First adopted in 1997 as AO-15-97
Amended in 1999 as AO-15-99
Amended in 2001 as AO-14-01
Amended in 2003 as AO-13-03
Renumbered in 2011 as AO-13

**Issue:** To promote and support a national Agent Orange/Dioxin Awareness Effort by expanding and developing programs for Vietnam veterans, their dependents and survivors at all levels, including all U.S. territories and possessions.

**Background:** The month of October has been nationally designated as Breast Cancer and Prostate/Colon Cancer Awareness Month. In conjunction with this, several state legislatures have declared October as Agent Orange Awareness Month.

**Resolved, That**: Vietnam Veterans of America, hereby declares October as Agent Orange/Dioxin Awareness month. Vietnam Veterans of America, Inc. will take appropriate measures to ensure that October is declared as Agent Orange/Dioxin month by all levels of government (national, state, and local). Additionally, the Vietnam Veterans of America National Agent Orange/Dioxin

Committee will work closely with all VVA state councils and chapters to develop programs in their local areas. Further, that VVA publicize the Agent Orange Flag, preserve its history, and make it available to all levels of the organization and interested parties.

## AO-14
## HEARING LOSS ADDED TO THE LIST OF BIRTH DEFECTS DUE TO EXPOSURE TO AGENT ORANGE

**History:**
First adopted in 2011 as AO-14

**Issue:** Urge Legislation to Have Hearing Loss Added to the List of Birth Defects Due to Exposure to Agent Orange

**Background:** Agent Orange causes birth defects. Agent Orange causes nerve damage. Damage to hair cells in the inner ear that connect to the auditory nerve causes hearing loss. Hearing loss in children of veterans who were exposed to Agent Orange is a matter of fact. The statistics to evaluate the rate of hearing loss in children of veterans exposed to Agent Orange can be gathered from the Agent Orange Registry.

The Ford Foundation Study shows that birth defects are showing up in second and third generation children of people exposed to Agent Orange including nerve damage. Studies have shown that Agent Orange causes changes to chromosomes in the DNA of people exposed to dioxin which leads to birth defects among families of people who were exposed to Agent Orange.

**Resolved, That**: Vietnam Veterans of America, urge Congress to pass appropriate legislation to have hearing loss in children and grandchildren of service members and veterans, who were exposed to Agent Orange, be added to the List of Birth Defects recognized by the Department of Veterans Affairs.

## AO-15
## GOVERNMENT'S RESPONSIBILITY FOR VETERANS RIGHT TO KNOW

**History:**
First adopted in 2003 as HC-6-03
Renumbered in 2005 as HC-3-03
Renumbered in 2007 as HC-1-03
Renumbered in 2011 as AO-15

**Issue:** The Department of Defense has a history of using military personnel for covert medical experiments. During deployments, military personnel are often exposed to dangerous chemical and biological those are harmful to human health. At the time of these exposures the true nature of their effects on human health may not have been fully understood. These individuals are discharged with no knowledge of their exposure or the possible consequence to their health and the health of their families.

**Background:** In 2002, the Department of Defense revealed some of the details of chemical and biological tests that were conducted during the Vietnam Era which is now known as Shipboard Hazards and Decontaminations/Defense (SHAD). These experiments were part of a larger portion called Project 112, which include land based testing. These revelations are the latest in a long line of human subject research which includes atomic testing, LSD experiments during the Korean War and hazardous exposures like herbicides (i.e., Agent Orange) during Vietnam, depleted uranium during Gulf War I and other known and unknown exposures to toxic substances and dangerous experiments. When men and women in uniform risk their lives in service to this nation, their rights to informed consent must be paramount. Further, it is incumbent on the government that these citizens be informed about any adverse health conditions resulting from exposures during their service to their country. This information will be an immediate Full disclosure of what is known about these exposures and their potential threats to their health and the health of their families. In the past, this information has been intentionally withheld by various government agencies and officials, as well as withheld from appropriate congressional committees.

**Resolved, That**: Vietnam Veterans of America, dedicated to ensuring that the injuries and death caused by military toxic exposures will never happen again. VVA will investigate all aspects of Project 112; promote full disclosure of our findings to the public and to hold accountable by agency and individual those responsible for injuries and deaths. This task force intends to accomplish these objectives through the legislation process, litigation, outreach and education. By so doing, we will protect the health, safety and constitutional rights of past, present and future U.S. military service personnel.

## AO-16
## BLUE WATER VETERANS EXPOSURE DURING THE VIETNAM WAR

**History:** First adopted in 2013 as AO-16
Updated in 2019

**Issue:** During the Vietnam War, more than 20 million gallons of "Agent Orange" and other toxic herbicides was sprayed to remove jungle foliage and deny the enemy the ability to grow crops. Toxic chemicals in the herbicide have been linked to devastating health effects, including non-Hodgkin's Lymphoma (NHL), various cancers, Type II Diabetes, and Parkinson's disease. The Agent Orange Act of 1991 empowered the VA Secretary to declare certain illnesses "presumptive" to exposure to Agent Orange and other toxic herbicides and enabled veterans to receive disability compensation for these conditions. In March 2002, the VA stopped awarding benefits approximately 534,300 blue water US Navy and US Marine Corps veterans (of whom, 174,925 are known to be alive as of the end of 2011) and limited the scope of the Agent Orange Act to only those veterans who could provide proof of "boots on the ground" in Vietnam which encompassed ground forces and the inland rivers. As a result, veterans who served in the waters off the Vietnamese coast were required to file individual claims to restore their benefits, which were then decided on a case-by-case basis. The VA has denied 33,000+ such claims through 2011. Scientific studies showed a higher rate of cancer and NHL incidence among shipboard veterans than those who fought in- country. Studies also show that there was a plausible pathway for Agent Orange and other toxic herbicides to have discharged to the territorial seas, via rivers and streams. Other studies proved the distillation process that converted salt water to drinking water, enriched the dioxin and contaminated the shipboard potable water system.

**Background:** Congressman Mark Takano, (D-41-CA) has introduced in the 116th Congress, H.R. 299 the Blue Water Navy Vietnam Veterans Act of 2019 and Senator Gillibrand, (D-NY) has introduced companion bill S.1195, which would partially restore the presumptive coverage that existed prior to March 2002 and lifts the burden from the individual veteran to prove direct exposure to toxic herbicides. Proving exposure is nearly impossible due to a lack of record keeping and the inability to know the precise location of dioxins in the air and water runoff. The bill extends the same presumption that currently exists for veterans who served on land and inland waterways. It would also reduce backlogged VA claims for disability compensation from veterans who are suffering from diseases that the U.S. government has linked to Agent Orange and other toxic herbicides. Specifically, the legislation would grant presumptive herbicide exposure status to U.S. service members who served in the territorial seas of Vietnam during the Vietnam War. This would enable eligible veterans to receive Veterans Affairs (VA) benefits if they suffer from any of the diseases the U.S. government has linked to Agent Orange and other toxic herbicides.

**Resolved, That:** Vietnam Veterans of America, in light of several National Academies of Science, Environment and Medicine (NASEM) reports, demands that the U.S. Congress move swiftly to enact a Blue Water Navy Vietnam Veterans Act to retroactively reinstate eligibility to blue water veterans for illnesses and disabilities related to the delayed effects of exposure to the ingredients in Agent Orange and other toxic herbicides used primarily in Vietnam.

Additionally, VVA seeks to ensure that the new measures would mandate that:

Title 38, United States Code, is amended by inserting "including the territorial seas of such Republic" after "served in the Republic of Vietnam" each place it appears.

Section 1710(e) (4) of such title is amended by inserting "including the territorial seas of such Republic" after "served on active duty in the Republic.

The amendments made take effect as of September 25, 1985.

**Update: H.R. 299 The Blue Water Navy Vietnam Veterans Act was signed into law on June 25, 2019 and is now P.L. 116-23**

**AO-17**

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

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

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

**Whereas**: The Department of Veterans Affairs annually adds to or amends illness related diseases on Agent Orange

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

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

**ECONOMIC OPPORTUNITIES COMMITTEE**

## E-1
## JOBS IN THE PUBLIC SECTOR

**History:**
First adopted in 1983 as E-13-83
1991 E-12-91 replaced E-18-83 and E-14-91 was adopted 1993
E-12-93 replaced E-12-91 and E-14-93
Updated E-14-91 In 1995 E-8-95 updated E-12-91 and E-9-95
Updated E-14-93 1997 E-1-97 replaced E-8-95 & E-9-95
Amended and renumbered as E-1 in 2011

**Issue:** VVA has favored veterans' preference since our founding convention in 1983. VVA believes that veterans' preference is an earned individual right and benefit. Veterans' preference is not as meaningful today as it was following World War II. Said simply, veterans' preference is not uniformly enforced in the hiring, promotion, and retention of the public workforce at the federal, state, and local level.

**Background:** The central problem with veterans' preference at the federal level, and in most states and jurisdictions, is that there is no means for a veteran who believes that his or her earned right to veterans' preference has been abridged to seek redress. There is no incentive for officials making hiring, promotion, and retention decisions to obey the law because there are no sanctions if they circumvent the law through various administrative means developed over the last fifty years. A not inconsiderable factor often is the perception of the presence of subtle 17 and overt prejudice against veterans, particularly Vietnam veterans and disabled veterans.

**Resolved, That:** Vietnam Veterans of America takes the following positions: VVA favors federal legislation that will provide for an effective and clear redress mechanism for veterans who believe that their earned rights to veterans' preference have been violated. Such legislation must include the means for holding agencies and individual managers responsible for actions that abridge the earned rights of veterans. Such means of accountability must be published, widely distributed, and implemented throughout all federal agencies.

VVA favors similar legislation and executive action in each of the fifty states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and all other United States territories and possessions, which would serve to establish veterans' preference where it does not exist and strengthen the enforcement of any veterans' preference statutes that currently exist.

VVA strongly recommends that OPM take a pro-active role in recruitment and reporting of all Federal Agencies and challenges every state to enact and enthusiastically administer similar actions that recognize the value of our veterans.

## E-2
## JOB TRAINING AND OTHER SERVICES

**History:**
First adopted in 1983 as a series of resolutions E-4-83, E-5-83, E-6-83, E-7-83, and E-8-83
Consolidated in 1985 as E-2-85
Updated in 1987 as E-6-87 Updated in 1989 as E-6-89
Updated as E-6-91 Replaced in 1993 by E-6-93
Renumbered in 1995 as E-4-95 Amended in 1997 as E-2-97
Amended and renumbered as E-2 in 2011

**Issue:** The availability of employment, training, and vocational rehabilitation services to veterans in the last thirty-five years has been sporadic. VVA believes that the opportunity to obtain and sustain meaningful employment at a decent living wage is the central event in the readjustment process for all veterans. One illustration of this is that the most successful VA Vet Centers are those that have been able to secure a strong employment-placement component in the mix of services available. The problem is that there is no consistent availability of training funds for veterans and for service providers who can help meet the special needs of veterans.

**Background:** VVA has found that if veterans are not explicitly written into the many Federal laws that create funds for job training and placement and for services that assist individuals to overcome or ameliorate conditions that serve as barriers to getting and keeping a job, then veterans are expressly "read out" of the law at the state and service-delivery level. The continuing movement toward block grants will only make this problem more difficult for veterans.

The additional problem that has vexed many is that there is not enough accountability for performance, nor monetary incentives for good performance on the part of organizations, government entities, and individuals.

**Resolved, That**: Vietnam Veterans of America takes the following positions: VVA holds that accountability, open competition, incentives for performance, and free market principles need to be written into all of the federal and state laws that govern employment, training, and related services.

VVA holds that proportionate services to meet the special needs of veterans in all of these programs must be explicitly written into the governing statutes and regulations, with reasonable reporting, accountability mechanism, and public oversight by the Congress and our state legislatures.

This includes virtually all of the programs funded through the Department of Labor, Housing and Urban Development, Health and Human Services, Veterans Affairs, and selected human services programs at such agencies as the National Institutes of Health.

## E-3
## VETERANS IN BUSINESS

**History:**
First adopted in 1983 as E-2-83
As a series of resolutions in 1985 as E-9-85, E-10-85, E-11-85, E-12-85 and E-13- 85
Amended in 1987 as E-11-87
Replaced in 1991 by E-3-91
Replaced in 1993 by E-3-93 Updated in 1995 as E-11-95
Amended in 1997 as E-3-97
Amended and renumbered in 2011 as E-3
Amended in 2017

**Issue:** Veterans have tried to secure assistance to enter successfully into their own business for decades. The Small Business Administration has made only modest gestures from time to time to assist veterans, always under intense pressure from The Congress and veterans' community. As soon as that pressure relents even slightly, the agency efforts virtually cease again. Similarly, veterans in business often have dropped being a veteran from their resumes as it has impeded their careers. Despite this problem, the leaders of many of our most successful businesses, large and small, are veterans.

**Background:** If veterans are not explicitly written into every provision of law that affects the services and opportunities available to business, veterans will be expressly read out. Similarly, much needs to be done by the veterans' community and the business community to enhance the image of veterans, particularly disabled veterans. Another problem is that full implementation of P.L. 106-50 Veterans Entrepreneurship Act of 1999 has not been accomplished throughout all Federal agencies.

**Resolved, That**: The Vietnam Veterans of America take the following positions:

- VVA in the strongest language possible recommends the expansion of the Veterans Federal Procurement Program to include economically disadvantaged Service Disabled Veterans Owned Businesses (SDVOBs); the expansion of the Department of Transportation Disadvantaged Business Enterprise (DBE) to include veteran-owned businesses and SDVOBs; a new implementation strategy of VA's Vets First Contracting Program following the recent Supreme Court decision in favor of a SDVOB. The Federal Agencies managers must be held responsible for implementation, by written policy and/or oversight must be held accountable. Such means of accountability and ramification of breech must be published, widely distributed and implemented throughout all Federal Agencies.

- VVA calls on the organized business community and individual businesses to work closely with VVA and other veterans' organizations to enhance the possibilities and opportunities for veterans to succeed in business. A special effort must be made to assist disabled veterans who have the skills and attributes that would suit them to such a career.
- VVA calls on the Congress and the Executive Branch to take necessary steps to ensure that veteran-owned businesses, particularly disabled-owned businesses, have every reasonable opportunity to secure a share of Federal contracts that purchase goods and services for the Federal government. Similarly, VVA calls on the states to take similar steps modeled on the action taken by the state of California to provide opportunities for disabled veteran-owned businesses.
- VVA calls on each state's Congressional delegation to jointly sponsor, no less than every other off election year a program in their states that brings every federal procurement officer for every federal agencies that does business within that state to train veteran owned business in how to work with their respective agencies.
- VVA also calls on all state executives and legislatures to implement veteran business preference legislation for veteran owned business in all state procurements.

## E-18
## A COMPREHENSIVE EMPLOYMENT RESOURCE DEVELOPMENT PROGRAM

**History:**
First adopted in 1995 as E-18-95
Amended in 1997 as E-4-97
Amended in 2005 as E-18-05
Amended in 2007 as E-18-07
Renumbered in 2011 as E-18
Amended in 2017

**Issue:** Continued unemployment and underemployment create an insecure and unstable quality of life for many Vietnam and recently returning veterans. Employment needs are frequently unmet by existing local and national policies.

**Background:** Many Vietnam veterans are vulnerable to the numerous cutbacks, layoffs, early retirements, and industrial closings that occur daily throughout the nation. While most unemployment service agencies are responsive to veterans, frequently the special needs of aging Vietnam veterans are not met. Many of the veterans returning from harm's way are not having their unseen disabilities addressed in order to maintain a living wage for themselves and their families.

Vietnam Veterans of America resolves to set forth guidelines for establishing a comprehensive employment resource development program to assist with employment and job searches, thereby creating an improved quality of life.

**Resolved, That:** In order to live up to its motto of "Never Again Will One Generation of Veterans Abandon Another," VVA will actively advocate for increases in federal funding for programs at all Vet Centers and VHA facilities in order to assist veterans and their families (including members of the Reserve and National Guard) to ensure an opportunity for the veteran's successful reintegration into the workplace and community.

## E-19
## A MEANINGFUL JOB AT A LIVING WAGE

**History:**
First adopted in 2007 as E-19-07
Amended and renumbered in 2011 as E-19
Amended in 2017

**Issue:** Veterans make up a larger percentage of agencies 'new hires than they did five years ago, but they are being placed disproportionately in entry-level clerical jobs. There are employment programs on the books, such as Welcome Home to Work, Hire a Vet First: and Jobs for Veterans Act‖, that are insufficient to meet Veterans 'needs because of a lack of funding, ignorance, and or purposeful intent.

**Background:** The national unemployment rate, according to the Department of Labor is about 4.8% while the rate Veterans is 4.1% but our newest veterans are being diagnosed with Readjustment Problems that keep them from receiving VA compensation or vocational training benefits

**Resolved, That:** Vietnam Veterans of America takes the following positions: VVA calls on all federal and state agencies to implement to the highest degree the "Welcome Home to Work", "Hire a Vet First" and "Jobs for Veterans Act". The Federal agencies and their individual responsible managers must be held accountable for the implementation by written policy and GAO oversight. The means of accountability and penalties must be published, widely distributed and implemented throughout all Federal Agencies.

**GOVERNMENT AFFAIRS COMMMITTIES**

## GA-7
## SERVICE CONNECTION FOR HEPATITIS C

**History:** First adopted in 1999 as G-7-99
Renumbered in 2011 as G-7

**Issue:** Service connection for Hepatitis C.

**Background:** Thousands of veterans, perhaps as many as 20,000 are contending they suffer from Hepatitis C and the secondary effect of such disease, especially dysfunction of the liver and pancreases. Many veterans currently are suffering from Hepatitis C but are unable to establish service connection because of the difficulties in establishing proof. A presumptive type of statute for service connection for Hepatitis C pursuant to 38 C.F.R. 3.309 would greatly reduce the burden of proof and allow these veterans to be compensated for Hepatitis C unless it is clearly and affirmatively established that the Hepatitis C was acquired post- service.

**Resolved, That:** Vietnam Veterans of America, urges Congress to pass appropriate legislation to establish Hepatitis C be considered a presumptive disability.

## GA-9
## AWARDING OF THE COMBAT MEDEVAC BADGE (CMB)

**History:** First adopted in 2003 as G-9-03
Renumbered in 2011 as G-9

**Issue:** Awarding of the Combat Medevac Badge (CMB) to Medics who were assigned to Air Ambulance Units, DUSTOFF during the Vietnam War.

**Background:** Until recently most Vietnam Veterans including Dust-off pilots assumed medics assigned to Dust-off were awarded the CMB. We have since learned that this was not done due to the way the regulation was written in 1945. In Vietnam, Dust-off crews flew over 400,000 missions and carried over 900,000 patients. There are over 200 aero medical crew members' names on the WALL including over 50 Dust-off medics.

**Resolved, That:** Vietnam Veterans of America, supports the efforts of veterans and veterans service organizations who seek to change the regulations that have prevented the issuance of the Combat Medevac Badge to those individuals who served as aero medical crew members during the Vietnam War. Now, therefore it be further resolved that the

Delegates in assembly at the 11th National Convention in St. Louis, Missouri, July 29 to August 3, do hereby charge the Government Affairs Committee with the task of reviewing the criteria for all combat awards, ribbons and decorations. The committee shall render a study and report to the VVA Board of Directors in one year, and be ready for any possible and appropriate resolutions recommending criteria changes for the consideration in 2005 at the 12th National Convention in Reno, Nevada.

## GA-13
## CESSATION AND PROHIBITION OF THE UTILIZATION OF THE U.S. MILITARY PERSONNEL AS NON-CONSENSUAL PARTICIPANTS IN THE TESTING BY THE U.S. GOVERNMENT OF VACCINES AND OTHER MEDICAL TREATMENTS

**History:**
First adopted in 1999 as V-16-99
Renumbered in 2003 as V-13-03
Renumbered in 2005 as V-16-99
Renumbered in 2009 as G-13-07
Renumbered in 2011 as G-13

**Issue:** The U.S. Government must immediately cease coercing members of the military to become voluntary test subjects for vaccines, immunizations, medication and other medical treatments, which have not been fully tested and approved for use on human subjects.

**Background:** In an incident earlier this year, various military personnel on orders for duty in the Balkans, were ordered to allow themselves to be administered an anti-anthrax medication. Approximately two hundred of the U.S. Marines refused to consent because of short and long-term concerns about the extent of medication‘s testing and the potential effects on their health if they allowed the administration of the medication. Five subsequently subjected top military judicial proceedings, were convicted of refusing the order to take the medication, and received sentences calling for imprisonment and bad conduct discharges. Historically, the Department of Defense and the U.S. military have on numerous occasions used military personnel as unwitting or not fully informed subjects for the testing of vaccines, immunizations, medications and other medical treatments. Military personnel, in most instances, were not fully informed of the degree and outcome of any relevant testing already conducted or potential health effects on them and/or their families. They were also not given the option of refusing to participate on the basis of their concerns and/or reservations.

This historical practice must cease immediately on the basis of an executive order by the President of the United States and/or act of Congress along with specific and appropriate guidelines and standards established to determine when a member of the U.S. military must be allowed the right to give or withhold informed consent prior to the administration of vaccines, immunizations, medications and other medical treatment. Additionally, the

military must be barred from taking any type of disciplinary or coercive measures if a military member refuses to provide informed consent when the aforementioned guidelines permit.

**Resolved, That:** Vietnam Veterans of America, strongly urges the President of the United States to issue an executive order and/or for Congress to enact legislation calling for the immediate cessation and prohibition of the utilization of U.S. military personnel as non-consensual participants in the testing by the U.S. government of vaccines, immunizations, medications and other medical treatments. We also urge that the President and/or Congress:

- Establish, without any undue delay, specific and appropriate guidelines and standards to determine when a member of the U.S. military must be allowed the right to give or withhold informed consent prior to the administration of vaccines, immunizations, medications and other medical treatments; and
- Bar the Department of Defense and the military from taking any type of disciplinary or coercive measure if a military member refuses to provide informed consent when the aforementioned guidelines permit.

## GA-14
## STATE VETERANS HOMES

**History:**
First adopted in 2003 as V-14-03
Renumbered in 2005 as V-17-03
Renumbered in 2009 as G-14-07
Renumbered in 2011 as G-14
Amended in 2015

**Issue:** Nearly every state in the nation has committed itself to caring for our veterans by opening and maintaining state veterans homes to deliver services to meet their care need. Today these homes are underfunded and the turn of the economy will result in less access to care and poor quality of care.

**Background:** A grateful nation has embraced the supporting of our veterans in their time of need since the late eighteenth century. These warriors, who have fought for and defended our nation and our freedoms, as well as their spouses, have felt secure that in their time of need the country would be there for them.

Many of the state veteran homes have received significant reductions in the reimbursement for care. Many state homes have reported reduction of staffing and some have even stopped admitting new veterans. On a national level the centers for Medicare and Medicaid have cut reimbursement for Medicare significantly. Known as the Medicare Cliff, this reduction in funding averages over $24.00 for each patient every day. At the same time the

federal government has reduced its reimbursement to state governments thus stressing the already difficult financial positions of each state. This has caused many states to lower their reimbursements to nursing homes including state veterans homes, for Medicaid.

A decision by our government must be made: do we continue to provide the quality of care our veterans deserve, or once again do we turn our backs on the very individuals who have won for us the liberties and freedom us so cherish.

**Resolved, That:** Vietnam Veterans of America maintain that:

- Each state council and its chapter make themselves aware of the plight of the veterans home in their state and support the high quality of care that these homes delivery to our veterans in need.
- To work with their state representatives, demanding that the veterans home in their state are properly funded with enough reimbursement to deliver the level of care that our brothers and sisters have earned and deserve.
- To work with their member of congress to push for adequate federal funds for veterans state homes in their district.

## GA-17
## PROPER USE OF REAL ESTATE AT WEST LOS ANGELES DVA MEDICAL CENTER

**History:**
First adopted in 1991 as V-26-91
Renumbered as V-21-93 in 1993
Renumbered as V-13-95 in 1995
Amended in 1997 as V-11-97
Renumbered in 2003 as V-8-03
Renumbered in 2005 as V-11-95
Renumbered in 2011 as G-17

**Issue:** A parcel of real estate adjoining the West Los Angeles, Department of Veterans Affairs (DVA) Medical Center, intended by its donor to be used for purposes of providing services to veterans, and has never been developed as intended.

**Background:** The West Los Angeles DVA Medical Center is located on a parcel of property, 547.7 acres of which were donated to the federal government in 1888 for the express purpose of maintaining a home for disabled veterans and a cemetery. The 431.2 acres unused portion of this parcel never has been developed for its intended purposes, and some of the medical buildings on the medical campus are empty, are used for storage, or are leased to non-veteran groups for assorted purposes.

Over the years since this property was transferred to the federal government, land values in

the neighboring residential community have soared, reaching upwards of $5,000,000 per acre, making the unused DVA parcel highly desirable by both developers and the local residential community. In recent years, plans by the DVA to make the property available to developers were legislatively blocked, leaving the parcel in DVA hands but still without development consistent with the purposes for which the property was originally donated.

Most recently, a private group of local residents has sought to acquire the 265-acre unused parcel of DVA property through a lease. The objective of acquiring the property is to establish mixed-use recreational facilities for the principal benefit of the neighboring community and also for use by veterans. Unfortunately, the planned use of this parcel continues to be inconsistent with the kinds of services for veterans that are most in need and were intended by the original donor.

Over the last several years, the availability of needed services for veterans at the West Los Angeles DVA Medical Center has been in decline. The new use of the property would do little, if anything, to stem this decline.

**Resolved, That:** Vietnam Veterans of America, opposes the use of the undeveloped property at the West Los Angeles DVA Medical Center for purposes other than those consistent with the intentions of the original donor. It is the further position of VVA that any vacant or otherwise undeveloped DVA real estate or capital-plant assets should be refurbished, affording continued services for veterans and, most especially, for service-connected disabled veterans.

## GA-18
## VETERANS CREED

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

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

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

American Legion approval is pending.

**Resolved, That:**

That the Vietnam Veterans of America adopt the Veterans Creed, which reads as follows:

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

## GA-19
## DEPENDENT INDEMINITY COMPENSATION (DIC)

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

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

**Resolved, That**: That legislation be enacted which:

1. Reduces the rule for DIC qualification period to a more reasonable period of time, that is, five (5) years;
2. Starts payments at fifty percent (50%) of the maximum amount and increases hem by ten percent (10%) per year till the maximum payment is achieved, for each year the veteran has been rated at 100% permanent disability; and
3. Reduces the age allowed for surviving spouses to remarry and maintain their benefits from 57 to 55, consistent with other federal survivor benefit programs.

## GA-20
## USS FRANK E EVANS

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

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

**Resolved, That**: The Vietnam Veterans of America supports having the 74 sailor's names from the USS Frank E Evans on the Vietnam Memorial Wall.

## GA-21
## CHANGING THE NAME OF VIETNAM VETERANS OF AMERICA

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

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

**Resolved, That**: Require VVA's Officers and Board of Directors to investigate the requirements to change the name of Vietnam Veterans of America to a name that would entice Post-Vietnam era veterans to join the renamed organization and then open up membership to these newer veterans.

The proposed changes would be presented to the delegates at the 2021 Convention for ratification.

**MEMBERSHIP AFFAIRS COMMITTEE**

## M-2
## COMMUNICATION BETWEEN VVA'S ORGANIZATIONAL LEVELS

**History:**

First adopted in 1983 as M-10-83
Renumbered in 1991 as M-5-91
Updated in 1993 as M-5-93
Amended in 1995 as M-10-95
Amended in 1997 as M-6-97
Amended in 1999 as M-2-99
Amended in 2001 as M-2-01
Renumbered in 2011 as M-2

**Issue:** Communication at all levels is necessary for the effective functioning of VVA. A reaffirmation of this necessity is evident.

**Background:** In the ever-changing dynamics of VVA's leadership at all levels, it is essential to take a firm stand on the importance of open and continuous communication.

**Resolved, That:** Vietnam Veterans of America recognizes that the national office must reply to all communications from state councils and chapters within five working days and state councils and chapters must reply to all communications from the national office within ten working days.

## MINORITY AFFAIRS COMMITTEE

### MA-1
### LANGUAGE-TRANSLATED DVA BENEFITS MATERIALS

**History:**
First adopted in 1987 as MA-1-87
Updated in 1991 as MA-3-91
Revised in 1993 as MA-2-93 Renumbered in 1995 as MA-1-95
Renumbered in 2011 as MA-1

**Issue:** A significant number of Vietnam-era veterans are of Hispanic descent, and Spanish is their first/primary language.

**Background:** This resolution calls on the Department of Veterans Affairs (DVA) to assess the need to produce its service literature in Spanish and other languages as needed and to make this literature available to its clients when appropriate and requested.

**Resolved, That:** Vietnam Veterans of America, continues its support for distribution by the DVA of materials outlining benefits, programs, and adjudication guides in Spanish as well as in other appropriate languages.

### MA-2
### MINORITY AFFAIRS COVERAGE IN THE VVA VETERAN

First adopted in 1989 as MA-3-89
Renumbered in 1991 as MA-4-91
Updated in 1993 as MA-3-93 Updated in 1995 as MA-2-95
Renumbered in 2011 as MA-2

**Issue:** Minority affairs issues are an important part of the lifeblood of VVA‘s membership.

**Background:** Regular minority affairs features in The VVA Veteran should be continued. There are many resources available for the production of such features and these resources need to be used.

**Resolved, That:** Vietnam Veterans of America, continues production of a regular minority affairs feature in addition to the quarterly report focusing on various minority groups in The VVA Veteran, with the understanding that such articles are to be both educational and informative.

## MA-3
## ASIAN AMERICAN AND PACIFIC ISLANDER VETERANS

**History:**
First adopted in 1987 as MA-3-87 Updated in 1991 as MA-5-91 Renumbered in 1993 as MA-4-93 Updated in 1995 as MA-3-95 Renumbered in 2011 as MA-3

**Issue:** Vietnam Veterans of America is dedicated to fair and equitable treatment for all veterans. A significant number of Vietnam-era veterans are of Asian American/Pacific Islander heritage.

**Background:** In 1987 the delegates to the 3rd National Convention of VVA called on the Department of Veterans Affairs (DVA) to create an Asian American veterans working group within its Advisory Committee on Readjustment of Vietnam Veterans in order to assure attention in the DVA to the special needs of Asian American and Pacific Islander veterans. No study has ever been conducted by the DVA to show the social and psychological effects of military service on Asian America and Pacific Islander Vietnam veterans and how the American public perceives them in light of accepted stereotypes.

**Resolved, That:** Vietnam Veterans of America, continues its support for the creation of an Asian American and Pacific Islander working group within the Department of Veterans Affairs. Vietnam Veterans of America further requests a study to be conducted by the Department of Veterans Affairs on the social and psychological effects of military service on Asian American and Pacific Islander veterans during and after the Vietnam War.

## MA-5
## FOREIGN NATIONAL VIETNAM VETERANS IMMIGRATION

**History:**
First adopted in 1989 as G-3-89
Replaced in 1991 by V-19-91
Updated in 1993 as VA-15-93
Renumbered in 1995 as MA-5-95
Renumbered in 2011 as MA-5

**Issue:** Because of an anomaly in U.S. immigration laws, Vietnam veterans who are foreign nationals may be barred from entry into the United States owing to disabilities incurred during military service in the U.S. Armed Forces. Similarly, these veterans may be denied naturalization status.

**Background:** During the Vietnam War, foreign nationals volunteered and served in the military of the United States of America. An unknown number of these volunteers were wounded in action, killed, or listed as POW/MIA. Upon returning to the United States,

many of these veterans elected to remain and become American citizens, while many others chose to return to their homes. It should be noted that many of the men who volunteered to serve did so in combat units.

The Canadian government never formally recognized the U.S. involvement in Southeast Asia and will not, therefore, under most circumstances, provide medical assistance to these veterans for wounds and disabilities sustained while serving in the U.S. Armed Forces. Fortunately, through legislation supported by VVA, Canadian Vietnam veterans may now receive some medical care in Canadian medical facilities at U.S. Department of Veterans Affairs (DVA) expense. Other types of Medical care uniquely indicated for some types of disabilities remain unavailable except in DVA facilities within the United States.

For those Canadian Vietnam veterans seeking care in the United States, the possibility of being denied entry into the country remains. Because under the U.S. immigration policy this nation reserves the right to refuse entry based on the potential of foreign nationals to become wards of the state, Canadian Vietnam veterans can be denied the medical care they both need and deserve.

**Resolved, That:** Vietnam Veterans of America, supports legislation to permit free entry into the United States of any foreign nationals who served in the U.S. Armed Forces and who are Vietnam veterans seeking medical care for service- related disabilities, regardless of length of service. This legislation should also give disabled foreign national Vietnam veterans eligibility for naturalization irrespective of the 24-month period required in the current statutes (Title 8 and Title 9 U.S.C.) for naturalization status.

## MA-6
## INVOLVEMENT BY MINORITY VETERANS WELCOMED IN VVA

**History:**
First adopted in 1983 as V-1-83
Updated in 1987 as MA-2-87
Updated in 1989 as MA-2-89
Updated in 1991 as MA-1-91
Updated in 1993 as MA-1-93
Updated in 1995 as MA-6-95
Renumbered in 2011 as MA-6

**Issue:** The Vietnam generation of veterans experienced treatment as a separate class of veterans. These veterans came from a wide range of social, economic, ethnic, and racial backgrounds. In some cases veterans still experience "second- class status" in their communities and within the veterans' movement because of historical events.

**Background:** Vietnam Veterans of America always has promoted itself as an inclusive rather than exclusive organization. We always have prided ourselves on the fact that we are

an organization whose strength lies in the diversity of its membership. Our mission is to assist veterans who served during the Vietnam era without regard to race, creed, color, religion, sex, sexual preference, or national origin.

VVA must assist and advise whenever appropriate to attract these disenfranchised veterans and assist them to change the historical legacy of neglect and indifference.

**Resolved, That:** Vietnam Veterans of America, continues its commitment to minority affairs programs by encouraging all veterans to become involved at all levels of the organization, and that VVA work more closely with other minority veterans organizations. VVA will devote appropriate staff and resources to continue a long-range, comprehensive Minority Affairs program directed at recruiting, education, and involvement. The Minority Affairs Committee will monitor the plan outline adopted by the Board of Directors.

## MA-7
## PUERTO RICAN VETERANS AND U.S. VIRGIN ISLANDERS

**History:**
First adopted in 1987 as V-15-87
Updated in 1991 as V-12-91 1993 V-12-91 was rolled into V-1-93 and V-2-93 In 1995 MA-4-95 was created, 1997 MA-7-97 came into being 2011 it was renumbered as MA-7

**Issue:** Puerto Rican veterans and U.S. Virgin Islanders populations are to disproportionately larger compared to the percentage of total U.S. population based on the 1992 census and VA statistics. Of this veteran‘s population, only a small percentage has been able to used Department of Veterans Affairs (DVA) services because of budget cuts.

**Background:** Over the last five years, medical services in the Commonwealth of Puerto Rico and U.S. Virgin Islands have become less than state of the art in medical care and mental healthcare. The veterans are suffering at an alarming rate from the lack of these services.

**Resolved, That:** Vietnam Veterans of America, renews its commitment for the continuum of healthcare and VA services to Puerto Rican and U.S. Virgin Islanders and their families, and to increase awareness of the availability of these services.

## MA-8
## RECOGNITION OF THE SERVICES AND SACRIFICES MADE BY THE VETERANS OF THE TERRITORY OF GUAM AND U.S. PACIFIC ISLANDERS

**History:**
First adopted in 1997 as MA-8-97
Renumbered in 2011 as MA-8

**Issue:** According to the March 1993 issue of VFW magazine, 58.9 of every 100,000 males was the national average state death rate during the Vietnam War; West Virginia had the highest state death rate: 84.1 for every 100,000 males. According to the 1990 U.S. Census of Guam, there were 47,362 males on the island of Guam. Guam had 71 of their sons die in the Vietnam War. These 71 out of 47,362 is a ratio of 149.8 per 100,000.

**Background:** There are currently 8,037 veterans of Guam who have proudly and honorably served in the armed forces of the United States of America in World War II, the Korean War, the Vietnam War, and the Persian Gulf War. The programs and services available to the veterans of Guam are severely limited in comparison to their comrades on the U.S. mainland. It is 3,500 miles to the nearest fully staffed VA Outpatient Clinic and over 7,000 miles to the nearest U.S. DVA medical center. 3,142 Vietnam-era veterans reside on the island of Guam and 71 sons of Guam died in the Vietnam War, a ratio of 149.8 per 100,000 males, a proportion higher than any other state or unincorporated territory.

The island of Guam, "Where America's Day Begins", also is the first American soil reached by the repatriated remains of POW/MIAs on their journey back from Vietnam, and appropriate ceremonies mark each occasion.

**Resolved, That:** Vietnam Veterans of America recognizes the contributions made by the veterans of Guam; and commends and salutes the Vietnam veterans of Guam for their courageous and gallant contributions to the United States of America during the Vietnam War. Furthermore, VVA strongly supports the improvement of veteran's benefits and health care provided to veterans of Guam and other U.S. Pacific Islanders.

## MA-9
## AWARENESS AND SENSITIVITY TO RACIAL, CULTURAL AND GENDER-RELATED EQUITY ISSUES

**History:**
First adopted in 1999 as MA-9-99 Renumbered in 2011 as MA-9

**Issue:** Society is becoming more diverse. There is a need for awareness and sensitivity to racial, cultural and gender-related equity issues.

**Background:** Vietnam Veterans of America has always promoted itself as an inclusive rather than exclusive organization.

**Resolved, That:** Vietnam Veterans of America will promote active Diversity Forums/Seminars training program at all levels of VVA especially during the time that the National Leadership Conference or National Convention are held.

## MA-10
## 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
Amended 2019

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

**Background:** On May 3, 1917, Puerto Ricans embarked on a mission in defense of the nations during WWI by protecting the Panama Canal Zone; and during WWII, Puerto Rico's 65th Infantry Regiment was decorated for its participation in the Naples-Foggian, Rome-Arne, Central Europe, and Rhineland campaigns; and during the Korea Conflict, more than 800 Puerto Ricans made the ultimate sacrifice in defense of the universal right of self-determination. In June 2014 the President of the United States of America recognized the Puerto Rico's 65th Infantry Regiment with the Congressional Gold Medal for their war actions in WWII and Korea, making them the first Hispanic Veterans to receive those honors; and during the Vietnam War, four Puerto Ricans received the Congressional Medal of Honor and more than 500 Puerto Ricans gave their lives for the nation. There exists an ever-growing consensus among American veterans and leading veterans organizations, such as the American GI Forum, that the time has come to empower Puerto Rican men and women who have served with courage and distinction in the armed forces of the United States, and their fellow Puerto Ricans to make a decision regarding their island's ultimate destiny. In a referendum in November 2012 in Puerto Rico, the Puerto Rican people voted at 54% not to continue to be in a territorial status, the opposition got 46% of the vote. In another question on the same referendum the Puerto Rican voters chose Statehood by a vote of 61.16% outvoting free Association with 33.34% and Independence by 5.49% of the vote. Lastly, on June 11, 2017 the U.S. citizens of Puerto Rico, exercising their first amendment rights and their inherent rights to self-determination, voted in a locally sponsored plebiscite between statehood, free association/independence and territorial status. The official results showed an over-

whelming margin of voters (98%) voted against continuing the current territory status and 97% selected statehood as their preferred option for Puerto Rico's future.

**Resolved, That:** Vietnam Veterans of America, in consideration of the above results, will support any legislation by the United States Congress that puts the 3.2 million American citizens in Puerto Rico on a path towards equality.

## MA-15
## KOREAN AMERICAN VIETNAM WAR VETERANS (KAVWV)

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

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

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

**Background:** The Republic of Korea was the U.S.' largest ally during the Vietnam War. From 1964 to 1973, 325, 517 ROK troops were deployed to and served in Vietnam, supporting and protecting U.S. Forces mainly operated in II Corps, the Central Highlands, which had been heavily infiltrated with NVA, and Viet Cong at the beginning of the war. The ROK Forces were able to remove the NVA and Viet Cong from the villages and to keep them from re-infiltrating those villages at night. ROK forces gained control of the major supply line for the Allied Forces, east to west from Cam Rahm Bay to Quin Nhon through Pleiku to the Cambodian border. This route had been uncontrollable, even by the Elite French Forces who were completely slaughtered in their attempt. The South Vietnamese Army, nor even the U.S. could not subsequently control the route Forces. ROK Forces kept that important thoroughfare open day and night and made it safe for the U.S. Forces and others as they traversed those unforgiving Central Highlands. ROK Forces helped the U.S. Forces withdraw, but the ROK Forces continued to received fire that they could not return cause of the case-fire agreement, hence experienced heavier casualties and facilities during the drawdown of U.S. troops. ROK Forces lost 5099 souls and sustained

10,962 casualties in Vietnam. They are often acknowledged for serving, protecting the U.S. Forces fiercely, and valiantly. Combat Vietnam Veterans, from the Central Highlands especially, have said repeatedly that the ROK Forces performed a great service to the U.S.

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

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

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

**PRISIONER OF WAR/MISSING IN ACTION (POW/MIA) COMMITTEE**

## PM-3
## DECLASSIFICATION OF INFORMATION AND DILIGENT EFFORT

**History:**
First adopted in 1989 as G-16-89
Amended in 1991 as PM-2-91
Renumbered in 1995 as PM-1-95
Amended in 2003 as PM-5-03
Renumbered in 2011 as PM-3

**Issue:** Virtually all of the factual information regarding live Americans in Vietnam and elsewhere in Southeast Asia is in classified documents that are unavailable to all but intelligence agency personnel. In recent years, continuing allegations of incompetence, dishonesty, disinformation, and lack of diligent effort have been leveled against the U.S. government and its principal agencies for their failure to resolve the status of American personnel still unaccounted for. In addition, a previously released congressional report, charge that the U.S. government demonstrated at minimum a lack of diligence in demanding an accounting of those missing in action or known to have been taken prisoner.

**Background:** For a number of years, there have been reports as well as much speculation, personal opinion, and hypothesis that there are living Americans being held against their will in Southeast Asia. In the absence of factual information, incomplete or false information has been circulated in this country and in Southeast Asia. With respect to POW/MIAs in Southeast Asia, these allegations, if true, contradict the public commitments by former Presidents Reagan, Bush, and Clinton that resolution of the POW/MIA issue is of the highest national priority‘. These allegations have evoked proposals for congressional and internal agency investigations. While these investigations may reveal the existence and extent of any lack of diligence, they may equally distract government resources from the continuing search for answers as to the fate of those still missing.

**Resolved, That:** Vietnam Veterans of America acknowledges the U.S. government efforts to accelerate the declassification of those documents and materials essential to the resolution of this issue, and further to publish and disseminate this material to interested parties upon request. Realizing there is still much to be done, VVA strongly urges and supports the continuing efforts to declassify all intelligence reports and all other classified documents related to American POW/MIA‘s. Such declassified documents shall respect legitimate concerns for U.S. intelligence methods, the privacy of families, and the freedom and safety of the source of the information.

Furthermore, VVA affirms that the repatriation of any live prisoner of war merits substantial priority over the return of remains and other issues that are the subject of negotiation between the U.S. and Vietnamese governments. VVA calls for the substantial

upgrading of intelligence collection and analysis capability, including on-the-ground resources and new personnel in the evaluation process.

Finally, VVA most forcefully urges all parties to this controversial issue to immediately cease and desist in recriminations regarding alleged "misinformation," "cover-up," and "conspiracy" and instead focus all energies toward obtaining the fullest and most complete answers possible to the compelling and agonizing questions which remain regarding the fate of missing Americans in Southeast Asia. VVA continues to demand the U.S. government‘s commitment to act decisively to return any Americans confirmed in captivity and urges Congress to request an investigation by the General Accounting Office (GAO) of activities by current or former government officials responsible for the POW/MIA accounting process.

## PM-4
## AMERICANS MISSING IN LAOS AND CAMBODIA

**History:**
First adopted in 1991 as PM-9-91 and PM-7-91
Renumbered in 1993 as PM-6-93
Updated in 1995 as PM-3-95 and PM-12-95
Amended in 1997 as PM-3-97 and PM-11-97
Amended in 1999 as PM-2-99 and PM-9-99
Consolidated in 2003 as PM-4-03
Renumbered in 2011 as PM-4

**Issue:** The United States of America and the governments of Laos and Cambodia currently have diplomatic relations. The pace of resolution of the remaining cases of Americans missing in Laos has improved; however, it is slow, there are still unresolved cases of Americans missing in Cambodia. There is a need to have multiple borders crossing from Laos to Cambodia and from Cambodia to Vietnam. As of this date, approximately 48 Americans still remain unaccounted for in Cambodia. There is a need to continue increasing the number of investigations concerning Americans missing in Laos.

**Background:** During the Vietnam War diplomatic relations with Laos were never broken and continue to this day. Prior to and during the war, the central Laotian government was neutral. The communist faction that was active during the Vietnam War is now the governing party of Laos.

Efforts at securing information relating to missing Americans in Laos have heretofore been focused on the Vietnamese government because a large majority of U.S. losses in Laos were in areas controlled by the North Vietnamese forces. As of this date, approximately 294 Americans still remain unaccounted for from Laos.

Efforts at securing information on Americans missing in Cambodia have been stymied due to relationships between Vietnam and Cambodia. Many unresolved cases being investigated in Cambodia require a crossing of borders from Cambodia to Laos and Laos to Cambodia. As of this date, approximately sixty-seven Americans still remain unaccounted for in Cambodia.

**Resolved, That:** Vietnam Veterans of America strongly recommends that:

The governments of Laos and Cambodia continue to exhibit and increase cooperation in granting unrestricted access to its territory, records, and witnesses to incidences of missing Americans.

The United States government provides all resources necessary in Laos and Cambodia to insure the fullest possible accounting of those Americans missing in Laos and Cambodia.

The governments of Laos, Cambodia and Vietnam cooperate with the United States on the following points:

- The governments of Laos and Cambodia continue to expedite and permit unannounced live-sighting investigations and unfettered access to, and spontaneous interviews with witnesses by U.S. investigators.
- The governments of Laos and Cambodia continue to issue multiple-entry visas to U.S. teams investigating POW/MIA cases in the border areas between Vietnam, Cambodia and Laos.
- The governments of Laos and Cambodia continue to issue multiple-entry visas to U.S. teams investigating POW/MIA cases in the border area between Laos and Cambodia.

VVA commends the Laos government for its increased cooperation with the U.S. Government in resolving cases of U.S. service personnel unaccounted for in Laos, and urges the Laos government to increase the pace and scope of these activities. Failure to provide the above required assistance will result in a recommendation by VVA to the U.S. government to downgrade or discontinue diplomatic relations with Cambodia.

**PM-7**
**POSSIBILITY OF LIVE POW/MIAs, AND FACILITATING THE RETURN OF THOSE WHO REMAIN IN SOUTHEAST ASIA**

**History:**
First adopted in 1987 as G-5-87
Updated in 1989 as G-11-89
Updated in 1991 as PM-1-91
Updated in 1995 as PM-7-95 and PM-10-95
Amended in 1997 as PM-7-97 and PM-9-97
In 1999 PM-7-97 was renumbered as PM-5-99 and PM-9-97 was renumbered as PM-7-99
Consolidated in 2003 as PM-2-03
Amended and renumbered in 2011 as PM-7

**Issue:** VVA has formally acknowledged the possibility of live Americans being left in Southeast Asia at the end of the Vietnam War, and elsewhere worldwide, as a result of later military operations and wars. The issue of those Americans who remain unaccounted for is still a matter of great concern for members of Vietnam Veterans of America and all Americans.

**Background:** Many members of VVA believe that American POWs and MIAs were left behind at the end of the Vietnam War. Testimony and documents gathered over the years, and those documents disclosed during the Senate Select Committee on POW/MIA Affairs hearings and the Military Personnel Subcommittee of the 104th Congress, add considerable weight to this belief. VVA has been and continues to be actively involved in attempts to arrive at the fullest possible accounting of American POWs and MIAs. Through the resolution process, the VVA POW/MIA Committee is directed to research, analyze, and seek information regarding POW/MIAs. In addition, the Veterans Initiative project is designed to provide the opportunity for a veteran-to-veteran dialogue regarding information that may eventually help resolve the fate of many Americans. So that it may be presented at appropriate times during discussions, VVA leaders need to know the position of the members regarding the possibility of live Americans who have been unable to return home. There continue to be reports and indications of Americans living by choice or otherwise in Vietnam and elsewhere in Southeast Asia. Whether in prisoner status or not, it is in the interests of family members and Vietnam Veterans of America that VVA provide whatever assistance possible to facilitate the return of these Americans, if they so desire, with no punitive action by U.S. authorities. Since the end of the Vietnam War, several military operations and wars have occurred involving members of the United States Armed Forces. These conflicts have resulted in personnel listed as Missing In Action. In the spirit of VV A's Founding Principle, "Never again will one generation of veterans abandon another", the POW/MIA Committee must extend the existing mission to include all post-Vietnam War U.S. military personnel designated as Missing In Action or other such classification, as a result of later military operations and wars worldwide.

**Resolved, That**: Vietnam Veterans of America recognizes and acknowledges that the preponderance of information substantiates that there exist the possibility that there may be live American POWs or other Americans held against their will from the Vietnam War that are unable to return home, and directs that the POW/MIA Committee and the Veterans Initiative Program in their efforts must bring to the discussion this position. VVA also urges that all intelligence documents concerning this issue must be declassified, that should a missing American surface in those countries, such an individual would not face punitive action or monetary penalty, and that the U.S. government would take further steps to facilitate repatriation of any such American, and the immediate family members, if any, who choose to return to the United States. VVA stands ready to facilitate the return of any missing American who has been living in Southeast Asia or any other foreign country since the end of the Vietnam War and to provide legal assistance as determined by the National Board of Directors of VVA on a case-by- case basis to such an individual regardless of status. VVA will seek and support legislation that protects such an individual and/or his family from punitive action or monetary penalty.

Further, in the spirit of VV A's Founding Principle "Never again will one generation of veteran abandon another", the POW/MIA Committee must extend the existing mission to include all post-Vietnam U.S. military personnel designated as Missing In Action or other such classification, as a result of later military operations and wars worldwide.

## PM-8
## FULLEST POSSIBLE ACCOUNTING OF POW/MIAs IN VIETNAM

**History:**
First adopted in 1993 as PM-10-93
Amended as PM-11-95
Amended in 1997 as PM-10-97
Amended in 1999 as PM-8-99
Renumbered in 2003 as PM-6-03
Renumbered in 2007 as PM-8-07
Renumbered in 2011 as PM-8

**Issue:** Vietnam Veterans of America has a long-established position opposing further normalization of diplomatic and economic relations between the United States and Vietnam until the fullest possible accounting of POW/MIAs lost in the Vietnam War has been achieved.

**Background:** At every opportunity, VVA has urged the United States government to continue to press the Vietnamese government to increase its unilateral efforts and to demonstrate greater cooperation by facilitating follow-up of live sighting reports, expanding its participation in joint remains recovery efforts, opening its wartime archives, and helping to locate Vietnamese citizens and soldiers who witnessed incidents of loss. Since the establishment of the Joint Task Force Full Accounting (JTF-FA) in early 1992,

U.S. officials directly involved with the accounting process have claimed that the Vietnamese government has recently demonstrated increased cooperation in resolving the fate of American POW/MIAs and that American field investigators have been able to follow up live sighting reports with very little prior clearance by local Vietnamese officials, and that the number of joint remains recovery teams operating throughout Vietnam has increased. Despite U.S. government claims, American specialists have been given only limited access to Vietnamese national and local wartime archives and to witnesses of incidents of loss. Vietnam has provided alleged witnesses for trilateral investigations with American and Laos teams in those areas of Laos controlled during the war by Vietnamese armed forces; however, Vietnam has not yet provided relevant documents to help resolve such cases.

U.S. government officials attribute Vietnam‘s increased cooperation for joint activities to the lifting of the trade embargo in February 1994 and the agreement to open embassies in Washington and Hanoi.

Even these U.S. government officials, however, have reported that the Vietnamese government has not been fully candid about information it is believed to have on MIAs last known to be alive and those who died in captivity, as well as other discrepancy cases.

On July 11, 1999, despite the opposition of VVA and other veterans and family organizations, President Clinton announced the establishment of diplomatic relations with Vietnam. On May 9, 1999, this decision resulted in the opening of an American embassy in Hanoi and Vietnam‘s embassy in Washington, D.C. There are, however, further steps in the normalization‘ process that have not yet been taken, such as extending Overseas Private Investment Corporation (OPIC) insurance, which safeguards private investments in foreign countries, and Normal Trade Relations (NTR) status, which greatly reduces tariffs on goods imported from NTR countries.

**Resolved, That:** Vietnam Veterans of America strongly urges that:

1. The President of the United States continue, as a matter of highest priority, to press the Vietnamese government for the fullest possible accounting of POW/MIAs lost in the Vietnam War through both joint and unilateral activities.
2. Priority of effort be placed on accounting for a) any American POW/MIAs who may still be alive in Southeast Asia, and b) those last known alive or known to have died in captivity.
3. The President measure progress on fullest possible accounting by the four criteria established in 1994 by the Clinton administration:
   a) Concrete results from efforts on Vietnam‘s part to recover and repatriate American remains;
   b) Continued resolution of remaining discrepancy cases, live sightings, and field activities;
   c) Further assistance in implementing trilateral investigation with Laos; and

d) Accelerated efforts to provide all POW/MIA-related documents that will help lead to genuine answers. VVA endorses the definition of fullest possible accounting' that has been accepted by the major veterans service organizations and the National League of Families of American Prisoners and Missing in Southeast Asia: namely, the repatriation of a live American POW/MIA, the return of his remains, or compelling evidence why neither of these is possible. VVA affirms that the impact of our position on this issue is strengthened when we are able to work cooperatively with these other organizations.

With respect to OPIC, NTR status, and other steps toward normalization of relations with Vietnam, VVA most strongly urges the President to certify to Congress and the American people that the Vietnamese Government has demonstrated measurably increased unilateral efforts that have yielded concrete results in terms of accounting for American POW/MIAs. Moreover, VVA urges the President to hold to his commitment to the major veterans' service organizations and the National League of Families of American Prisoners and Missing in Southeast Asia to seek their input prior to considering such decisions.

## PM-11
## HONORING ALL RETURNED POW'S, AND GIVING RECOGNITION OF AMERICAN CIVILIANS HELD AS POW/INTERNED DURING WWII

**History:**
First adopted in 1991 as PM-11-91
Renumbered in 1993 as PM-8-93
Renumbered in 1995 as PM-5-95
Amended in 1999 as PM-4-99
Amended in 2001 as PM-4-01 & PM-11-01
Updated and Renumbered in 2003 as PM-3-03
Renumbered in 2011 as PM-11

**Issue:** For many Vietnam-era veterans, the prospect of capture and imprisonment was an auxiliary burden added to the possibility of death or disability, resulting from service in Southeast Asia.

Recognizing the suffering and hardship endured by 18,745 American civilian prisoners of war during World War II.

Recognition of extraordinary service rendered to resolve the issue of prisoners and missing from the Vietnam War and other conflicts.

**Background:** In early 1973, Vietnam released 591 prisoners of war. These and others who escaped or were released earlier deserve the respect of all Vietnam veterans for their sacrifices and hardships.

During World War II, American civilians were incarcerated by the Axis nations. This violated international human rights principles. These civilians were subjected to barbaric prison conditions and endured torture, starvation, and disease. Their sacrifice has never received formal recognition. Substantial resources and personnel of the U.S. government and its citizens have been and are being dedicated to bringing resolution to the issue of prisoners and missing from the Vietnam War and other conflicts.

**Resolved, That:** Vietnam Veterans of America declares its respect and admiration for those of our fellow comrades-in-arms of the Vietnam War and all of this nation's wars who endured and survived captivity. VVA also extends to the families of ex-POWs our deepest respect. VVA urges all of its chapters and state councils to seek opportunities to honor local ex- POWs and their families.

VVA recognizes the suffering and hardship endured by American civilian prisoners of war during World War II and commends these brave men and women and their families for their extraordinary service to our nation. Furthermore, VVA desires that Congress enact legislation to formally recognize the sacrifices of these individuals.

Further, VVA commends the extraordinary service rendered by those public servants, military personnel, and citizens who have devoted their life, vocation, time, and personal resources to resolving the issue of prisoners and missing from the Vietnam War and other conflicts.

## PM-13
## PUBLIC AWARENESS AND EDUCATION ON THE POW/MIA FLAG

**History:**
First adopted in 1989 as G-8-89
Amended in 1991 as PM-4-91
Amended in 1993 as PM-4-93
Amended in 1995 as PM-8-95
Amended in 1997 as PM-8-97
Amended in 1999 as PM-6-99
Amended in 2001 as PM-6-01
Amended in 2003 as PM-7-03
Amended in 2005 as PM-7-05
Renumbered in 2011 as PM-13

**Issue:** Over 1,587 Americans who served in the armed forces during the Vietnam War in Indochina are still unaccounted for. This nation is deeply indebted to its veterans for their courage and sacrifice and should demonstrate its dedication to those missing and to their families for the fullest possible accounting of those still missing.

In 1971, Mrs. Michael Hoff, a MIA wife and member of the National League of Families, recognized the need for a symbol of our POW/MIAs. Prompted by an article in the Jacksonville Florida Times-Union, Mrs. Hoff contacted Norman Rivkees, Vice-President of Annin & Company, which had made a banner for the newest member of the United Nations, the People's Republic of China, as part of their policy to provide flags to all United Nations member states. Mrs. Hoff found Mr. Rivkees very sympathetic to the POW/MIA issue, and he, along with Annin advertising agency, designed a flag to represent our missing men. Following League approval, the flags were manufactured for distribution.

There is no consistency among VVA units displaying or carrying colors regarding the use or position of the POW/MIA flag in official VVA represented events or meetings. There is no U.S. government publication specifying the protocol for use or display of the POW/MIA flag.

**Background:** On March 9, 1989, an official League flag, which flew over the White House in 1988, for National POW/MIA Recognition Day, was installed in the U.S. Capitol Rotunda as a result of legislation passed overwhelmingly during the 100th Congress. In a demonstration of bipartisan congressional support, the leadership of both Houses hosted the installation ceremony.

The League's POW/MIA flag is the only flag ever displayed in the U.S. Capitol Rotunda where it will stand as a powerful symbol of national commitment to America's POW/MIAs until the fullest possible accounting has been achieved for U.S. personnel still missing and unaccounted for.

On August 10, 1990, the 101st Congress passed U.S. Public Law 101-355, which recognized the League's POW/MIA flag and designated it as the symbol of our Nation's concern and commitment to resolving as fully as possible the fates of Americans still prisoner, missing and unaccounted for in Southeast Asia, thus ending the uncertainty for their families and the Nation.

Vietnam Veterans of America recognizes the importance of the League's POW/MIA flag lies in its continued visibility, a constant reminder of the plight of America's POW/MIAs. Other than 'Old Glory', the League's POW/MIA flag is the only flag ever to fly over the White House, having been displayed in the place of honor on National POW/MIA Recognition Day in 1982.

With passage of Section 1082 of the 1998 Defense Authorization Act during the first term of the 105th Congress, the League's POW/MIA flag will fly each year on six designated federal holidays: Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day, and Veterans Day on the grounds or in public lobbies of major military installations as designated by the Secretary of Defense, all Federal National Cemeteries, the National Korean War Veterans Memorial, the National Vietnam Veterans Memorial, the White House, the United States Postal Service post

offices, and at the official offices of the Secretaries of State, Defense, Veteran Affairs, and Director of the Selective Service System.

Resolution PM-6-99 POW/MIA Flag & Public-Awareness Campaigns, states that VVA supports …organizations committed to generating public awareness on the POW/MIA issue… The National League of Families is such an organization. The League of Families has published documentation suggesting the use and positioning of the POW/MIA Flag.

**Resolved, That:** Vietnam Veterans of America desires that Congress enact legislation that allows and recommends the flying of the POW/MIA flag be flown daily at all facilities owned and operated by the U.S. government, including U.S. postal services facilities and the Vietnam Veterans Memorial. VVA urges state, county, and municipal governments to enact similar legislation. In addition, VVA will continue to participate in and encourage meaningful public-awareness programs aimed at keeping our organization in the forefront of seeking solutions to these issues. VVA supports responsible efforts on the part of groups and organizations committed to generating public awareness on the POW/MIA issue, provided that such programs are responsible, non-confrontational, respectful of our fallen and missing comrades, and consistent with VVA's convention resolutions.

Vietnam Veterans of America further encourages and supports compliance of U.S. Public Law 101-355. We further resolved to continue our efforts to educate public officials and others on the history and meaning of the POW/MIA flag and its proper display under P.L. 101-355.

Furthermore, Vietnam Veterans of America recognizes that any official VVA function displaying the national colors should include the POW/MIA flag; the POW/MIA flag shall be posted or flown to the immediate left of the national colors. All other flags used in the display shall be flown to the left of the POW/MIA flag following published guidelines for positioning protocol.

## PM-14
## FOREVER POW/MIA STAMP

**History:** First adopted in 2011 as PM-14

**Issue:** To provide for the issuance of a Perpetual/Forever Stamp by the United States Postal Service to recognize and honor the sacrifices and service of those brave men and women of the Armed Forces of the United States, who have been held captive as Prisoner of War, or are Missing in Action or otherwise listed as unaccounted for from all military actions, conflicts and wars that the United States has been involved in, past, present and future.

**Background:** (1) The six-cent "U.S. Servicemen" stamp, was first issued by the United States Postal Service on November 24, 1970, read "Honoring U.S. Servicemen --

Prisoners of War -- Missing and Killed in Action", was a two stamp set also Honoring the Disabled American Veterans.

The “POW & MIA postage stamp was issued again by the United States Postal Service, in a new design, on May 29, 1995, and honors the sacrifices of the brave men and women of the armed forces who have been held captive as Prisoner Of War or Missing In Action or otherwise unaccounted for and awarded the POW/MIA Medal.

The following is the official announcement of the POW MIA stamp.

March 29, 1995 - Stamp News Release Number 95-027 WASHINGTON, D.C. -- The symbolic representation of a pair of military identification tags embossed with the words "POW & MIA -- NEVER FORGOTTEN," displayed in front of the "Stars and Stripes" waving against a blue sky, comprise the unforgettable image on a new U.S. Postal Service stamp honoring American POWs and MIAs. First-day- of-issue ceremonies for the POW & MIA stamp will take place in Washington, D.C., as the stamps go on sale nationwide Memorial Day, May 29. Customers should contact local post offices to find out where stamps will be available in their area Memorial Day. "The ID tag has come to represent many things in the modern military," said Postmaster General Marvin Runyon in announcing the design. "The identification of each person as a unique individual who has the right to hope, to survive, and to ultimately have life after the wounds of combat. It is a symbol of accounting for and caring for all our men and women in uniform. It is a symbol for commemorating and remembering all our POWs and MIAs -- from the Revolutionary War to Somalia." Many veterans save their ID tags as treasured keepsakes, carrying them around their necks, in their billfolds, on their key chains, and stored with their valuable jewelry. They pass them down to their children and grandchildren as heirlooms. They reflect on them, and remember the sacrifices they and others made -- and they remember those captured by hostile forces and terrorists, and those who remain missing in action. Carl Herrman designed the stamp after a concept created by Gary Viskupic of Centerport, N.Y. Herrman combined Ivy Bigbee's photo of the ID tags with an image of the American flag taken by prominent photographer Robert Llewellen of Charlottesville, Va. The development of this stamp was coordinated with various veteran and family organizations. This is the second stamp issued by the Postal Service honoring America's POWs and MIAs. The six-cent "U.S. Servicemen" stamp, issued in 1970, read, "Honoring U.S. Servicemen -- Prisoners of War -- Missing and Killed in Action."

The Perpetual POW/MIA Stamp will be the re-issuance of the 1995 design .32 cent stamp but with appropriate changes to reflect that it is a perpetual stamp, not bearing a fixed amount value.

In General in order to continue to honor the sacrifices of the brave men and women of the armed forces who have been awarded the POW/MIA Medal, the Postmaster General shall provide for the issuance of a forever stamp suitable for that purpose.

Definition: For purposes of this Act, the term ―forever stamp‖ means a definitive stamp which meets the postage required for first-class mail up to one ounce in weight, and which retains full validity for that purpose even if the rate of that postage is later increased.

Effective Date: The stamp described in subsection (a) shall be issued beginning as soon as practicable after the date of the enactment of this Act and shall not thereafter be discontinued.

**Resolved, That:** Vietnam Veterans of America desires and urges Congress to enact legislation that recommends the re-issue of the POW/MIA stamp as a Perpetual/Forever Stamp by the United States Postal Service , to continue to recognize and honor the sacrifices and service of those brave men and women of the Armed Forces of the United States, who have been held captive as Prisoner of War, or are Missing in Action or otherwise listed as unaccounted for from all military actions, conflicts and wars that the United States has been involved in, past, present and future.

## VI-1
## THE VETERANS INITIATIVE, A NATIONAL VVA EFFORT ON VIETNAM'S MISSING IN ACTION

**History:**
First adopted in 1989 as G-10-89 (A National VVA Missing in Action) Amended in 1991 as PM-5-91 Amended in 1993 as PM-5-93
Amended in 1997 as VITF-2-97
Renumbered in 2011 as VI-1
Moved to POW/MIA Committee in 2013

**Issue:** The conflict in Indochina between the United States and Vietnam produced dead and missing on all sides. As of this date, 1,587 Americans are still unaccounted for. According to the Vietnamese government, more than 300,000 of its own military personnel are unaccounted for.

**Background:** The Vietnamese government has participated with U.S. government investigators in locating and excavating crash and burial sites and has unilaterally located and returned the remains of missing Americans. The Veterans Association of Vietnam (VAV) has expressed interest in receiving intelligence reports on gravesites, letters, personal effects, documents, photos, and personal statements that would help resolve the fate of their missing. Based on our own concern for information as to the fate of missing Americans, VVA understands the pain and suffering of those Vietnamese families whose loved ones are yet unaccounted for. VVA believes that a goodwill gesture by American veterans in turning over such reports and effects to the Vietnamese will further induce them to be more forthcoming with additional information on missing Americans. Several of JTF personal have said ―Simply put the Veterans Initiative is a program that contributes to the successes in our MIA missions.‖ Moreover, the Veterans Initiative offers those Vietnam

veterans who continue to hold on to disturbing, negative wartime memories and memorabilia the opportunity to turn these to positive, healing effects.

**Resolved, That:** Vietnam Veterans of America, urges Vietnam veterans, in accordance with the Veterans Initiative, to identify possible Vietnamese missing in Southeast Asia through various methods such as the reclamation of personal effects taken during the war, personal statements and eyewitness accounts, and identification of unmarked gravesites. VVA urges all Vietnam veterans to turn over any information that may be available on Vietnamese war dead to the national office of VVA.

## VI-2
## SCOPE OF THE VETERANS INITIATIVE

**History:**
First adopted in 1995 as VITF-2-95 Amended in 1997
Amended in 2001
Amended in 2005
Amended in 2007 Renumbered in 2011 as VI-2 Moved to POW/MIA Committee in 2013

**Issue:** Purpose of this resolution is to reaffirm VVA's commitment to the Veterans Initiative and to delineate further the scope of the Veterans Initiative.

**Background:** While the primary mission of the Veterans Initiative is to pursue answers and accounting of our Prisoners of War and Missing in Action in Vietnam, the Veterans Initiative now provides the opportunity to expand the program into Laos and Cambodia.

**Resolved, That:** Vietnam Veterans of America reaffirms the primary mission of the Veterans Initiative to achieve the fullest possible accounting of all unrepatriated POW/MIAs in Vietnam and supports expanding the mission to include Southeast Asia.

# PUBLIC AFFAIRS COMMITTEE

## PA-1 COMMUNITY SERVICE

**History:**
First adopted as a series of resolutions in 1983 as P-1-83, P-2-83, P-3-83, P-4-83, P-5-83, P-6- 83, and P-7-83
Amended in 1985 as P-1-85
Amended in 1989 as P-1-89
Amended in 1991 as P-1-91
Amended in 1993 as P-1-93
Renumbered in 2009 as P-1

**Issue:** Community service should foster, encourage, and promote a positive image of Vietnam veterans so that the public will be more responsive to their legitimate concerns.

**Background:** Community service can enrich the quality of life in the communities where veterans live and work.

**Resolved, That:** Vietnam Veterans of America encourages chapters to take the initiative to make a better community for everyone and serve as a focal point to promote the interrelationship between Vietnam veterans and the community. To accomplish this mission, VVA, at the national, state, and local levels, should publish useful materials, including national and state resolutions, through the media to communicate our message.

## PA-2
## CHILDREN'S WELFARE

**History:**
First adopted in 1987 as P-6-87
Updated in 1991 as P-2-91
Renumbered in 2011 as P-2

**Issue:** As a result of neglect, abuse, and economic shortages in this country, as well as famine, war, and natural disasters throughout the world, the lives, well- being, and development of infants and children remain in jeopardy.

**Background:** In 1987, VVA commended UNICEF and the United States Committee for UNICEF for their work on behalf of children. The resolution also called upon Vietnam veterans to assist in the protection and development of infants and children in this country and throughout the world.

**Resolved, That:** Vietnam Veterans of America, calls upon Vietnam-era veterans and their families, through financial and personal contributions, to act responsibly to ensure the protection and development of infants and children in the United States and throughout the world.

## PA-3
## CHAPTER INVOLVEMENT WITH EDUCATIONAL INSTITUTIONS ON TEACHING THE VIETNAM WAR

**History:**
First adopted in 1983 as P-7-83
Amended in 1989 as P-2-89
Updated in 1991 as P-3-91
Updated in 1993 as P-3-93
Renumbered in 2011 as P-3

**Issue:** All too often, the teaching of the Vietnam War in secondary and post- secondary educational institutions lacks a veteran‘s perspective.

**Background:** The Vietnam War and the treatment of its veterans hold valuable lessons for future generations. Vietnam veterans are uniquely qualified to pass along the lessons of the Vietnam experience. In the experience of many VVA members who have contributed to the classroom teaching of the Vietnam War, these contributions have been appreciated and have been found to be of significant value to students. The visibility of VVA, too, has been enhanced locally where chapters have offered to become involved in teaching the Vietnam War.

**Resolved, That:** Vietnam Veterans of America encourages the balanced, comprehensive teaching of the Vietnam War at all educational levels, including the Department of Defense education system. Chapters are encouraged to establish ties with schools and colleges in their local areas for the purpose of making appropriate individuals available to assist in the teaching of the Vietnam War.

**PA-4**
**REGULATION OF CERTAIN ACTIVITIES AT THE VIETNAM VETERANS MEMORIAL**

**History:**
First adopted in 1991 as P-8-91
Updated in 1993 as P-5-93
Updated in 1995 as P-4-95
Amended in 1997 as P-4-97
Amended in 1999 as P-4-99
Renumbered in 2011 as P-4

**Issue:** The Vietnam Veterans Memorial has, since its dedication in 1982, become a focal point for the gathering of Vietnam veterans and all Americans, and it has contributed greatly toward healing the wounds of that war.

In recent years, the national Vietnam Veterans Memorial has been used for press conferences and as a backdrop by elected officials and others making political statements. Furthermore, certain groups have, for many years, sold Vietnam- related paraphernalia or solicited contributions for various causes in areas immediately adjacent to the Vietnam Veterans Memorial.

**Background:** The national Vietnam Veterans Memorial in Washington, D.C., was constructed and dedicated to the memory of those who fought and died during the Vietnam War and to those who are still missing in action or remain unaccounted for from the war. It is a special place for private remembrance, healing, and private and public acknowledgment of the cost of that war. As such, it has become the most frequently visited site in the nation‘s capital.

However, there has been a steady increase in the number of vendors and solicitors in the immediate vicinity of the memorial in recent years. This has created an atmosphere reminiscent of a carnival bazaar, which is totally inappropriate at this sacred place of healing, reconciliation, reflection, and remembrance.

**Resolved, That:** Vietnam Veterans of America, strongly recommends that the National Park Service, with the fullest capabilities of its jurisdiction and in accordance with applicable laws and regulations, prohibit the use of the national Vietnam Veterans Memorial in Washington, D.C., and adjacent areas for press conferences, politically motivated actions or statements, and all conduct not in keeping with its purpose as a place of healing, remembrance, and acknowledgment of the costs of the Vietnam War.

Furthermore, VVA urges the National Park Service to continue its vigilance concerning vendors and solicitors in the immediate vicinity of the memorial and ensure an atmosphere of reverence and respect for those honored there.

**PA-5**
**ENDORSEMENT FOR PARTICIPATION IN LOCAL ENVIRONMENTAL EFFORTS**

**History:**
Adopted in 1991 as P-17-91
Renumbered in 1993 as P-12-93
Renumbered in 1995 as P-6-95
Renumbered in 1997 as P-5-97
Amended in 1999 as P-5-99
Renumbered in 2011 as P-5

**Issue:** Due to their exposure to Agent Orange as well as to other herbicides used in Vietnam, Vietnam-era veterans and their families have a greater appreciation for the ecological and personal effects of environmental abuse. The use of Dioxins and other toxic materials in our own country -- in Times Beach, Missouri; Love Canal, New York; and thousands of dumpsites nationwide -- has reinforced that appreciation. This has heightened the awareness of many veterans to engage in preventive or corrective measures in an attempt to minimize the effects of environmental abuse. While there is not a need for VVA to create a specific program in this area, there is a need for VVA to encourage Vietnam veterans and their families to participate in programs addressing environmental abuse.

**Background:** VVA's leadership needs to create programs of value to local communities, which contribute to justice and fairness in American life by calling upon VVA's chapters to network with other community service organizations.

**Resolved, That:** Vietnam Veterans of America encourages chapters and state councils to network with other groups and participate in programs and political efforts to minimize the adverse effects of toxic- and nuclear-waste dumping, collect hazardous home waste, general recycling efforts, and home site energy efficiency.

## PA-7
## REQUIREMENT TO REPORT PROGRESS ON ALL CURRENTLY APPROVED CONVENTION RESOLUTIONS AT LEAST ANNUALLY

**History:**
First adopted in 1993 as M-18-93
Renumbered in 1995 as M-9-95
Renumbered in 1997 as M-5-97
Renumbered in 1999 as P-8-99
Renumbered in 2001 as P-7-01
Amended in 2003 as P-7-03 and Renumbered in 2011 as P-7

**Issue:** VVA's convention resolutions represent the membership's chosen agenda. The membership should be informed of the actions taken by national committees to implement these resolutions.

**Background:** Prior to passage of M-18-93, at the VVA 1993 National Convention in Norfolk, Virginia, there was no requirement to report any actions taken which further the implementation of convention resolutions.

**Resolved, That:** Vietnam Veterans of America requires that all national committees and task forces report at least annually in the VVA Veteran on actions taken which further the implementation of currently active convention resolutions.

## PA-8
## THE VIETNAM MEMORIAL WALL

**History:**
First adopted in 2001 as P-8-01
Renumbered in 2011 as P-8

**Issue:** Vietnam Veterans of America/Associates of Vietnam Veterans of America affirm as adjunct organizations, their continued participation, with high regard, their services to and for "THE VIETNAM MEMORIAL" also known as "THE WALL".

**Background:** Since the dedication of the Vietnam Memorial in Washington, D.C, Vietnam Veterans of America/Associates of Vietnam Veterans of America members have continually honored the men and women whose names are inscribed on "THE WALL" for their ultimate sacrifice they made with their lives in the Vietnam War. Vietnam Veterans of America/Associates of Vietnam Veterans of America make a commitment to continue the conservation and legacy that the memorial deserves. Further, that this legacy will go on long after the veteran has died through their adjunct organization of the Associates of Vietnam Veterans of America.

The VVA/AVVA will continue to be honored to be allowed to wash "THE WALL" assist in maintaining working lights on the perimeter and anything else that is required. "THE WALL" has given respect to Vietnam veterans and their families along with a healing power that is inspirational for all.

**Resolved, That:** Vietnam Veterans of America, calls upon Vietnam veterans along with their adjunct organization Associates of Vietnam Veterans of America to support and maintain their commitment to conserve the legacy, respect and honor that "THE WALL" has come to mean to Vietnam veterans and their families.

## PA-12
## PUBLIC AWARENESS FOR VETERANS BENEFITS CAMPAIGN

**History:**
First adopted in 2007 as P-12-07
Renumbered in 2011 as P-12

**Issue:** Veterans of the United States armed services earned their benefits while in service to our country. Unfortunately few veterans know how to claim them. Some veterans are eligible for health and prescription care and still cannot afford to pay for their drugs. Some veterans even die because they cannot get their medicine.

**Resolved, That:** The members of VVA call for the Public Affairs committee to do whatever is necessary to budget at least $20,000 in the 2008 budget to advertise to not only the membership but to the public and to publicize the availability of veteran's benefits and how to claim them. Further the membership instructs the leadership to encourage the chapters to publicize the availability of service officers to file claims. We further request that a letter be sent to the Veterans Affairs Department with a copy of this resolution.

## PA-13
## GOLD STAR MOTHERS NATIONAL MONUMENT

**History:**
First adopted in 2007 as P-13-07 and Renumbered in 2009 as P-13

**Issue:** The American people have not publicly recognized the sacrifice of the mothers of our fallen heroes on a national basis.

**Resolved, That:** Vietnam Veterans of America, at the National Convention in Springfield, Il, July 17-22, 2007, applauds our Gold Star Mothers and supports the develop and construction of an American Gold Star Mothers National Monument in Washington, D.C. Further, each chapter and state council is encouraged to reach out to the Gold Star Mothers in their communities and to assist in the fund raising needed to construct the Monument.

# VETERANS BENEFITS COMMITTEE

## VB-1
## JUDICIAL REVIEW

**History:** First adopted in 1983 as L-1-83
Updated in 1991 as L-1-91
Renumbered in 1993 as VA-1-93
Renumbered in 1999 as VB-1-99
Amended and renumbered in 2011 as VB-1 and Amended in 2015

**Issue:** Veterans are able to hire a private attorney or claims agent at any point during their claims process. However, a contingency fee agreement is only allowed after the VA issues an initial decision on the claim, and the fee agreement needs to be reasonable. However, once an agreement is entered into the records, it can be difficult for a Veteran to remove their fee agreement on record at the DVA.

**Background:** By statute, 38 U.S.C. § 511, the federal district courts have no jurisdiction to hear cases challenging the decisions of the DVA on claims and benefit matters. The courts have created several narrow exceptions to this rule. These exceptions involve constitutional questions and some challenges to regulations that exceed the DVA's statutory authority. As a practical matter, no one is likely to have a DVA decision overturned by a district court as a result of these exceptions.

Some proponents of judicial review successfully argued for a specialty veteran's court in Washington, D.C. The federal courts are in 94 districts throughout the country and are quite adept at handling complex questions. The desire for consistency should not be permitted to limit access of veterans with local counsel who lives outside the Washington, D.C. area. Furthermore, specialty courts tend to be staffed by people who are often close to the agency being reviewed. This, however, may not be the case with the current judges on CAVC, which to date have shown a great sensitivity to the problems of veterans with the DVA.

Additionally, 38 U.S.C. § 511, not allowing an attorney to charge before VA's initial decision on the claim effectively precludes veterans from the freedom of choice to hire their chosen representative. Once a case is lost the first time, it is often very difficult to undo the record. Furthermore, the fee structure is confusing and inadequate to entice attorneys into the practice of veteran's law. Freedom of choice should prevail throughout the process with a reasonable limit on contingency fees as under the Federal Tort Claims Act.

**Resolved, That:** Vietnam Veterans of America continues to seek changes in applicable law to protect the right of Veterans to control all aspects of their representation before the DVA.

**VB-3**
**LESS-THAN-HONORABLE ADMINISTRATIVE DISCHARGES**

**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 2019

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

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

Department of Defense (DoD) studies and General Accounting Office (GAO) reports have found gross inconsistencies in the types of discharges people received for the same conduct and vast racial disparities in the awarding of LTHDs. Variances run from service to service, year to year, and even command to command in the same service. Because discharge review is not automatic, the Discharge Review Boards (DRB) has not done much to remedy these inconsistencies.

Tens of thousands of HDs were issued yearly to people who were discharged as unsuitable, trainee failures, and for other reasons not normally associated with performance, proficiency, and useful service. Thus, the HD is in reality not a "reward" for honorable

service, but something given to 90 percent of all discharges. (Since 1982, uncharacterized discharges have been issued to those who fail to demonstrate potential in the first six months of service.) Further, there is no evidence that a LTHD is a deterrent to misconduct. On the other hand, there is substantial evidence that the administrative system is an incentive to manipulate an early discharge. The clear result of the system is the lifetime stigma for young people often too immature to realize the consequences of their actions and the waste of the taxpayers‘ money by permitting the early release of expensive trainees.

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

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

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

**Resolved, That:** Vietnam Veterans of America continues to seek the repeal of Public Law 95-126 regarding the Carter administration’s special discharge upgrade program and is working toward having the Other-Than-Fully-Honorable Discharge replaced with a Certificate of Service.

## VB-5
## CIVIL LIBERTIES OF ACTIVE-DUTY MILITARY PERSONNEL

**History:**
First adopted in 1985 as L-5-85
Renumbered in 1991 as L-8-91
Renumbered in 1993 as VA-8-93
Renumbered in 1995 as VA-5-95
Renumbered in 1999 as VB-5-99
Renumbered in 2011 as VB-5
Amended in 2013 as VB-5

**Issue:** The all-volunteer military has seemed to spawn an increase in abuse of active-duty members' civil liberties and a return to abuses, which led to the enactment of the Uniform Code of Military Justice (UCMJ). The public seems only vaguely interested.

**Background:** There have been increasing instances among some commands of violations of a soldier's civil liberties such as infringement of religious freedoms, right to a fair trial free of command influence, and treatment for Post-traumatic Stress Disorder without penalty. Evidence from the twenty-plus year ongoing Gulf War, including Desert Storm, Operations Enduring Freedom, Operations Iraqi Freedom, Operations New Dawn and other operations supports the viability of VB-5, which is reaffirmed and updated here.

**Resolved, That:** Vietnam Veterans of America affirms that VVA shall intervene in appropriate cases, or provide representation, to ensure that the civil liberties of Vietnam Veterans and all U.S. military war veterans serving in the U.S. armed forces are fully protected.

## VB-6
## JUST COMPENSATION FOR INJURIES SUSTAINED BY ACTIVE-DUTY MILITARY PERSONNEL

**History:**
First adopted in 1985 as L-6-85
Updated in 1991 as L-9-91
Renumbered in 1993 as VA-9-93
Renumbered in 1995 as VA-6-95
Renumbered in 1999 as VB-6-99
Renumbered in 2011 as VB-6

**Issue:** Military personnel are often not justly compensated for injuries occurring as a result of negligence of the government, government employees, or government contractors.

**Background:** In 1990, the U.S. Supreme Court held that active-duty military personnel cannot recover damages under the Federal Tort Claims Act for most injuries sustained by active-duty military personnel, including medical malpractice (known as the Feres doctrine). The military disability retirement system, which is tied to the rank of the injured soldier, and the Department of Veterans Affairs (DVA) service-connected disability system, provides substantially less compensation than the average civilian personal injury recovery for a similar injury.

In many cases Vietnam Veterans are unable to obtain adequate compensation for injuries incurred on active duty due to the negligence of government personnel.

**Resolved, That:** Vietnam Veterans of America, urges VVA to seek legislation, or take other appropriate action, to secure a more equitable compensation system for personnel injured on active duty due to the negligence of government personnel.

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

**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 and 2019

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

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

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

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

**Resolved, That:** Vietnam Veterans of America, will continue to urge DVA and Congress to ensure that VBA is timely implementing and following all CAVC decisions that create binding law on DVA.

**VB-10**
**VETERANS BENEFITS & SERVICES**

**History:**
First adopted in 1985 as V-1-85
Renumbered in 1991 as V-2-91
Updated in 1993 as V-2-93
Updated in 1995 as VA-11-95
Renumbered in 1999 as VB-10-99
Renumbered in 2011 as VB-10

**Issue:** The Department of Veterans Affairs, Veterans Benefits Administration (VBA), needs to be timely and responsive with services and programs for America‘s veterans and their families.

**Background:** The Veterans Benefits Administration has the responsibility of providing a variety of services to veterans, including: eligibility verification, adjudication and processing of disability claims, vocational rehabilitation programs, home loans, and burial benefits. Any delay or disruption of the administration of these services causes undue hardship for veterans and their beneficiaries. It is imperative that VBA assure due process and expedite the process for awarding benefits and services. VVA believes the primary responsibility for development of claims before the Board of Veterans Appeals (BVA) lies with VBA, and not exclusively with the veteran petitioning for benefits.

**Resolved, That:** Vietnam Veterans of America takes the following positions:

1. Supports a significant increase in the staffing (full-time employee equivalent) of the vocational rehabilitation and counseling divisions with such increased staffing assigned to community offices in order to provide easy access for disabled veterans, better supervision of vocational rehabilitation clients, and greater labor-market penetration to assure such clients are placed in permanent, stable employment at the completion of training.

2. Calls upon DVA to regularly publish and widely disseminate in the veterans' community and to the general public materials on the DVA vocational rehabilitation program.
3. To assure due process, expeditious processing of claims and quality of services delivered, VVA supports the retention of adjudication and rating board employees and seeks exemptions of these personnel from hiring freezes and/or budgetary cuts.

## VB-11
## VETERANS BENEFITS SYSTEM

**History:**
First adopted in 1993 as V-16-93
Updated in 1995 as V-9-95
Amended in 1997 as VA-12-97
Amended in 1999 as VB-11-99
Renumbered in 2011 as VB-11

**Issue:** Vietnam Veterans of America wants to ensure the ability of Veterans Benefits Administration (VBA) to deliver timely and quality service to America's sick and disabled veterans and their families.

**Background:** The VA claims process is nearly fully digitized however; there are still paper claims files. Original compensation claims still take far too long to decide. There are still excessive claims backlogged in Compensation and Pensions Service. The quality of VA decisions continues to be less than adequate. Even though VA reports a +95% accuracy rating of original adjudication of claims, approximately 75% that are appealed are either granted or remanded at the Board of Veterans Appeals.

**Resolved, That:** Vietnam Veterans of America, urgently requests Congress to support its national moral and legal obligation to the men and women who served in the defense of our country in the following ways:

1. To initiate an honest assessment of what is needed, in terms of personnel and equipment, to provide timely and quality benefit decisions to veterans, and to ensure that veterans service organizations, including VVA, is included in the assessment process.
2. To legislate mandatory spending to ensure adequate support, both in personnel and equipment, to meet those demands for timely and quality delivery of benefits.
3. That Congress set and VBA meet timely standards for benefits delivery.
4. And that Congress expands entitlement accounts to fund VBA functions to provide timely and quality delivery of authorized benefits.

**VB-12**

**DEPARTMENT OF VETERANS AFFAIRS (DVA) SERVICE- CONNECTED DISABILITY COMPENSATION PAYMENTS & MILITARY RETIREMENT PAY OFFSET**

**History:**
First adopted in 1989 as V-3-89
Renumbered in 1991 as V-13-91
Renumbered in 1993 as V-20-93
Updated in 1995 as V-12-95
Renumbered in 1997 as VA-13-97
Renumbered in 1999 as VB-12-99
Amended in 2001 as VB-12-01 A
Amended in 2003 as VB-12-03
Renumbered in 2011 as VB-12
Amended in 2013 as VB-12
Amended in 2017

**Issue:** Military retirement pay is offset by the amount of Department of Veterans Affairs (DVA) compensation payable.

**Background:** There is only one United States Federal government. Department of Veterans Affairs (DVA) disability compensation and civilian or military retirement pay serves two distinct purposes. However, both are designed to protect Federal employees, some in the military service to the Federal government and some in the civilian service to the same Federal government. Department of Veterans Affairs (DVA) disability compensation is established to replace the loss of earnings by a reduced ability to work.

Military retirement pay is earned for faithful service and is an inducement to attract and retain qualified people to the military as a career. Military Retirement pay is offset by the same amount as their Department of Veterans Affairs (DVA) disabilities compensation, while Federal Retirees keep both the retirement annuity and Department of Veterans Affairs (DVA) disability compensation. Military retirees are the only group of former Federal employees subject to this offset. The National Defense Authorization Act for Fiscal Year 2004 added concurrent receipt of benefits for retirees but only for those with disability rating at 50% and higher. Eliminating this unfair practice will have minimal impact on the Department of Veterans Affairs (DVA) funding.

**Resolved, That**: Vietnam Veterans of America, supports federal legislation accompanied by full authorization and appropriations of necessary funds, which will allow concurrent payment of military retirement and Department of Veterans Affairs (DVA) compensation as follows:

- All concurrent payment of Department of Veterans Affairs (DVA) compensation and Military retirement shall be paid when the individual‘s retirement is based upon length of service.

- All retirees shall be entitled to concurrent Department of Veterans Affairs (DVA) compensation for any new or secondary disability established by DVA as service-connected subsequent to retirement and medically discharged veterans with less than 20 years of service.

## VB-13
## PRESERVATION OF VVA SERVICE REPRESENTATION AT THE NATIONAL LEVEL

**History:**
First adopted as VA-14-97
Renumbered in 1999 as VB-13-99
Renumbered in 2011 as VB-13

**Issue:** Any disruption or delay on a claim causes undue hardship for veterans and their beneficiaries. It is imperative that VVA assure continuity between accredited service representatives and the veteran at all times.

**Background:** VVA‘s goal is to maintain the continuity of direct services to veterans, which was adversely affected by the staff cutbacks in October 1996.

**Resolved, That:** Vietnam Veterans of America maintains that:

1. The first priority of VVA is as a veteran‘s services organization.
2. Veterans who have sustained injuries or illnesses during and/or as a result of their military service shall have the highest quality of representation by accredited VVA service representatives.
3. Priority for funding shall be given to these service representatives.
4. No such service representation will be suspended or terminated from service as a result of, or based solely upon, financial constraints of the Corporation without the approval of the Board of Directors prior to such suspension or termination.

## VB-16
## COPY OF MILITARY RECORDS UPON DISCHARGE

**History:**
First adopted in 1999 as VB-16-99 Renumbered in 2011 as VB-16

**Issue:** Photocopy of medical records upon discharge
**Background:** Hardship due to lack of military records is causing problems for veteran who are applying for compensation and medical treatment at DVA Medical Centers.

**Resolved, That:** Vietnam Veterans of America seeks legislation requiring that the Department of Defense upon release from active duty, a veteran shall be issued a copy of their official military personnel file and their service medical records along with their DD214 and duty assignment sheet.

## VB-27
## REDUCTION OF DIC SURVIVOR WAITING PERIOD

**History:**
First adopted in 2011 as VB-27
Amended in 2019

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

**Resolved, That:** The Vietnam Veterans of America, urge Congress to pass appropriate legislation to have the waiting period for Dependency and Indemnity Compensation reduced to 1 year.

## VB-28
## REMOVAL OF 5% ANNUAL DEDUCTIBLE FOR VA PENSION ELIGIBILITY

**History:**
First adopted in 2011 as VB-28
Amended in 2013 as VB-28

**Issue:** Resolution to remove the VA pension's Annual 5% Deductible on unreimbursed medical expenses reported on Eligibility Verification Report (E.V.R.) form 21-0516 for Veterans on VA pension.

**Resolved, That:** VVA support legislation that removes the Annual 5% Deductible (MAPR) from consideration of out of pocket Medical Expenses. All out-of-pocket Medical expenses are to be counted in determining eligibility for VA pension.

**VB-29**
**U.S. DEPARTMENT OF VETERANS AFFAIRS**
**QUALITY ASSURANCE PROGRAM**

**History:**
First adopted in 2019

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

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

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

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

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

1. VA regularly discloses information about its quality assurance program, to include details about its design, how it is administered, and the raw data generated. This will increase public awareness of VA's quality assurance program and encourage robust discussion among stakeholders, Congress, and other interested parties. Included in this disclosure, the Board should report rate of appeal to the Court of Appeals for Veterans' Claims and outcome by issue (remand, grand, denial, reverse) on a regular basis.

2. VA should overhaul its quality assurance program at the Board in consideration of the following:
    a. Attorneys should not be reviewing the work of higher-ranking people.
    b. The QR Program should not focus on a precise measure of government performance. The QR Program should focus on systemic-level reviews as

opposed to case-specific reviews. For example, as opposed to or in addition to the QR Program reporting a blunt number, it could report a description of issues that arise systematically in decision-making, steps VA is taking to respond, and measures of these responses' efficacy.

c. Congress should mandate the formation of an independent body to convene to devise the quality assurance standards to be used and implemented at both the Board and RO-levels so that there is a general consensus as to what the quality review standard is and so that the quality review standard is informative and helpful at all levels of review before VA. This independent body should include representatives from VSOs, experts (academics), and other stakeholders.

3. Congress should schedule an oversight hearing on the quality assurance claims and appeals adjudication. In the era of AMA claims and appeals, the emphasis is on speed and little to no attention is dedicated to ensuring that these claims are decided accurately.

**VB-30**
**U.S. DEPARTMENT OF VETERANS AFFAIRS**
**SPINA BIFIDA AND BIRTH DEFECTS PROGRAM**

**History:**
First adopted in 2019

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

**Background:** Children who have spina bifida or certain other birth defects and are biological children of veterans with qualifying service are one of the most vulnerable populations that the Department of Veterans Affairs (VA) must prioritize. Vietnam Veterans of America (VVA) and its members organize, facilitate, and run dozens of town halls across the nation each year to educate veterans on the possible health implications for the children of veterans who were exposed to Agent Orange. Unfortunately, not many people, including veterans, know about the benefits available for children with certain birth defects due to the exposure of their biological parent(s) to Agent Orange.

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

VVA first formally met with VA to address our concerns with Chapter 18 benefits claims in February 2014. VVA raised concerns specifically pertaining to issues with processing Chapter 18 benefits claims for children and grandchildren, and the cumbersome process of accessing services available. VVA is committed to increasing awareness and improving the process of receiving available benefits for children born with spina bifida or other birth defects due to a parent's exposure to Agent Orange during service. VVA also understands the importance of ensuring that

grandchildren and great grandchildren applications are properly preserved and tracked in the event that legislation is enacted that recognizes the multigenerational effects of Agent Orange exposure.

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

1. **Communication, Information, & Outreach Efforts.** Work with VA to improve the quality and accuracy of the information that is provided about Chapter 18 benefits to include but not limited to the following:
    a. Improve the information provided in and asked for in VA Form 21-0304;
    b. Improve the call scripts used at VA hotlines, information delivered on VA websites;
    c. Improve the timeliness and quality of information provided by the Denver RO on its spina bifida hotline;
    d. Develop and implement targeted outreach with the goal of improving the application process and connecting eligible, approved beneficiaries with all benefits afforded to them under the law.

2. **Eligible Beneficiary Assistance**
    a. Advocate for the implementation of a social worker or claims advocate that is assigned to each case to help a claimant navigate through the eligibility and benefits process of VBA ad VHA.
    b. Advocate for VA to conduct a comprehensive audit of Chapter 18 beneficiaries on both the VBA ad VHA side and make findings of audit public. This audit would address deficiencies in the application process as well as address why and how eligible beneficiaries are not accessing healthcare benefits.
    c. Advocate for improved data collection efforts. Currently, VA does "not routinely maintain" the following data: (1) number of new individuals eligible to use the program each month; (2) number of eligible individuals that have never submitted bills; (3) number of eligible individuals that submit bills that are rejected and reason for rejection; and (4) how many payments are made each month for preauthorization services. VA should collect this data, as well as other meaningful metrics.

3. **Multigenerational Claims Tracking**. VA should track multigenerational applications processed by the Denver Regional Office. To this end, VVA advocates that VA should:
    a. Develop written guidelines for how multigenerational applications are processed and preserved.
    b. Ensure that applications are appropriately labeled and easily identifiable for future data analysis efforts. Specifically, ensure that applications uploaded to the "unidentifiable mail queue" are easily retrievable in batches for data analysis.

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

## VB-31
## PROTECTION OF THE RIGHT TO REPRESENTAITON IN APPEALS

**History:**
First adopted in 2019

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

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

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

**Resolved, That**: Vietnam Veterans of America support the following initiatives:

1) Work with BVA, the Secretary of Veterans Affairs, and Congress to abolish policy initiatives that inhibit an appellant's right to representation in all stages of an appeal.
2) Work with BVA, the Secretary of Veterans Affairs, and Congress to promote policies that further protect an appellants right to representation in all stages of an appeal and to ensure that representatives always have the necessary tools to effectively provide representation.

## VETERANS INCARCERATED AND IN THE JUSTICE SYSTEM COMMITTEE

### VINJS-2
### VVA CHAPTER AND STATE COUNCIL RELATIONSHIPS WITH VETERANS INCARCERATED

**History:**
First adopted in 1987 as L-3-87
Replaced in 1991 by VI-3-91
Replaced in 1993 by V-IN-4-93
Renumbered in 1995 as VIN-2-95
Amended in 1997 by VIN-3-97
Amended in 1999 as VIN-2-99
Renumbered in 2011 as VIN-2

**Issue:** VVA has proven to the satisfaction of many departments of correction that membership in VVA and contact between VVA chapters and state councils has greatly improved the rehabilitation of veterans incarcerated and their readjustment upon release.

**Background:** Too often our emphasis has been on forming incarcerated chapters instead of on establishing working relationships between non-incarcerated members and incarcerated members. The result has been when an institution does not have enough members to charter an incarcerated chapter or if the administration will not allow VVA to form a chapter, incarcerated members are frustrated. Sometimes an institution feels insecure when a group of veterans "organizes" into a formal group. Many of our VVA state councils and chapters have organized highly successful and comprehensive programs and projects to assist incarcerated VVA members. This requires careful coordination between VVA and the state and federal departments of correction. A relationship of trust and credibility must be cultivated before a program can be introduced to veterans incarcerated.

In cases where there is a good relationship between non-incarcerated members and chapters, there is a better opportunity for a former inmate to build a new life when he is released because he has established a bond with VVA members who will help with the transition.

The intent of the state council liaison to veterans incarcerated is to help facilitate building this trust between incarcerated veterans and the federal, state, and local authorities as well as the Department of Veteran Affairs.

Veterans incarcerated will continue to be represented at the national Convention in a manner determined by the rules of the convention and the by-laws of the respective state councils.

**Resolved, That:** Vietnam Veterans of America, resolves that VVA state councils and chapters continue to reach out to veterans incarcerated and concentrate on building better relationships
between non-incarcerated members and chapters and our veterans incarcerated and concentrate on building better relationships between non-incarcerated members and chapters and our veterans incarcerated and developing follow-up programs for veterans who have been released from prison.

**VINJS-3**
**VETERANS INCARCERATED BENEFITS AND ENTITLEMENT**

**History:**
First adopted in 1985 as L-1-85 and L-4-85
Updated in 1989 as V-1-89
Renumbered in 1991 as VI-5-91
Amended in 1993 as V-IN-1-93
Updated in 1995 as VIN-5-95
Amended in 1997 as VIN-5-97
Amended in 1999 as VIN-3-99
Amended in 2001 as VIN-3-01
Amended in 2003 as VIN-3-03
Amended in 2005 as VIN-3-05
Amended in 2007 as VIN-3-07
Renumbered in 2011 as VIN-3

**Issue:** The United States Department of Veterans Affairs (DVA) is responsible for providing benefits to all veterans, including those who may be incarcerated.

**Background:** Veterans incarcerated are unable to avail themselves directly of DVA services. Veterans' incarcerated need services and benefits from the DVA that they are entitled to because of their veteran status.

Counseling, PTSD treatment, and educational benefits can be expected to reduce the rate of recidivism among veterans. This has been demonstrated in states where programs called Veterans Residential Treatment Programs have been instituted. The U.S. Department of Veterans Affairs has started a number of pilot programs in this area and VVA commends the VA for their early efforts.

**Resolved, That:** Vietnam Veterans of America urges:

1. The Department of Veterans Affairs to more aggressively provides medical treatment and counseling for veterans incarcerated with special emphasis on PTSD and other service-related disabilities.
2. The Department of Veterans Affairs to work closer with federal, state, and local correctional facilities to assist veterans incarcerated completes a successful rehabilitation.
3. The Department of Veteran Affairs to work more closely with the U.S. Department of Justice in developing a verifiable statistically sounds method for identifying veterans that are incarcerated.

## VINJS-4
## PTSD AND PAROLE/CLEMENCY

**History:**
First adopted in 2011 as VIN-4

**Issue:** Veterans convicted of crimes prior to 1980 were not afforded the opportunity to present evidence of Post-Traumatic Stress Disorder (PTSD) during their trials because PTSD had not yet been defined as an illness in the Diagnostic and Statistical Manual (DSM) used by mental health professionals until 1980. Some veterans committed crimes during a PTSD episode, or were influenced by PTSD at the time of their crimes' commission. These veterans deserve to have the role of PTSD in their crimes reviewed by the Courts and by State Boards of Pardons and Clemency or by the US Sentencing Commission. Vietnam veterans continue to be affected by the above and remain incarcerated some for more than 25 years on life sentences with no parole review. A mechanism needs to be implemented affording veterans an opportunity to present PTSD evidence for the courts and consideration by Paroling or Clemency agencies.

**Background:** The Vietnam Veterans of America, (VVA) first passed resolutions concerning this issue in 1995 – VIN-1 and PTSD-1. These Resolutions have been continued by the delegates to VVA National Conventions in 1997, 1999, 2001, and 2003. These Resolutions have had no influence on the states where veterans with PTSD serving life sentences are incarcerated. To our knowledge, no veteran has gotten a legal review or had such a sentence commuted by a Pardon. A new Resolution is therefore proposed which contains a specific recommendation to remedy this situation. It has long been recognized that rates of suicide, drug and alcohol addiction, criminal and other antisocial behavior, are significantly higher in the population of combat veterans with PTSD, than in the population of veterans without combat service. This association was not considered in the criminal cases of many of those veterans incarcerated prior to 1980.

**Resolved, That:** The Vietnam Veterans of America (VVA), at their national convention in the year 2011, strongly recommends the U.S. Sentencing Commission and states which have no parole review for individuals sentenced for life, establish special and specific mechanisms within their respective court systems and the boards of pardons, where such exist, to address the issue of veterans with service connected post-traumatic stress disorder (PTSD), who were arrested prior to 1980, and) thus, have not been afforded the opportunity to present evidence of the influence of PTSD on their criminal actions.

## VINJS-5
## RETENTION OF BENEFITS FOR INCARCERATED VETERANS

**History:**
First adopted in 2011 as VIN-5

**Issue:** The Department of Veterans Affairs (VA) has the policy of reducing service connected disability compensation payments to veterans, when they become incarcerated on a felony charge for over 60 days. Whatever compensation the veteran receives is reduced to the 10% rating pay schedule. This policy/law unfairly discriminates against disabled veterans. For example, military retiree pension payments are not reduced by the VA, upon incarceration of the retiree. Individuals who receive disability compensation, or pensions, from civilian companies, or trust funds, who then become incarcerated, do not incur any reduction in their pension or compensation, from their sources.

**Background:** VVA has successfully championed the cause of concurrent receipt for military retirees who also have service-connected disabilities. While there is more to do on this issue, a first step has been taken to alleviate that injustice. The logic of the lobbying efforts on concurrent receipt has largely been that compensation for service connected disabilities is an earned payment, due to an injury suffered in defense of the nation. VA compensation for service-connected maladies is not welfare, yet it is treated as such by the legislation and resultant policies which deprive veterans who become incarcerated, of rightfully earned income.

**Resolved, That:** The Vietnam Veterans of America (VVA) at their National Convention in the year 2011, strongly urges and recommends to the Executive and Legislative Branches of the U. S Government, that the Code of Federal Regulations be amended, removing the reduction in payments to veterans with service-connected disabilities, who become incarcerated on felony charges, for more than 60 days. VVA asserts that such payments are income earned as a result of disabilities incurred while serving in defense of their country, and that the regulations and policies which create such reductions, are patently unfair and discriminatory to disabled veterans. The specific laws and regulations involved in this resolution are: 38 USC 5313, and 38 CFR 3.665.

## VINJS-6
## PTSD TREATMENT OF INCARCERATED VETERANS

**History:**
First adopted in 2011 as VIN-6

**Issue:** Veterans with service connected disabilities, which become incarcerated, often do not have access to proper medical care within prison systems, especially those veterans with Post Traumatic Stress Disorder (PTSD), who need specialized mental health treatment.

**Background:** One of the unfortunate by-products of war is the residual of veterans with service-connected disabilities. Some of these disabilities require specialized treatment, not normally available in penal systems. PTSD disability is one such condition. It is rare to find a jail with specialized treatment programming for PTSD. A complicating and relevant factor in the example of PTSD is that the effects of this condition often contribute to behaviors such as drug/alcohol abuse, alienation from society, relationship difficulties, social isolation, poor impulse control, and explosive tempers. These factors result in a higher incidence of criminal behaviors, and eventual incarceration for combat veterans, than for non- combat veterans, or for the population of society as a whole.

**Resolved, That:** Vietnam Veterans of America, at its National Convention in August of 2011, strongly urges and recommends to the Department of Veterans Affairs, that protocols and programs be established to address the specialized treatment needs of veterans who are incarcerated with PTSD disabilities.

## VINJS-7
## GETTING AHEAD WHILE GETTING OUT

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

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

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

**PTSD/SUBSTANCE ABUSE COMMITTEE**

## PTSD-1
## POST-TRAUMATIC STRESS DISORDER

**History:**
First adopted in 1983 as L-3-83
Updated in 1991 as L-PS-3-91
Updated in 1993 as V-7-93
Updated in 1995 as PS-1-95
Renumbered in 2003 as PTSD-1-03
Renumbered in 2011 as PTSD-1

**Issue:** The Department of Veterans Affairs (DVA) still has not sufficiently taken the lead in many important aspects of the effects of Post-traumatic Stress Disorder among veterans.

**Background:** It has only been a few years since the DVA, military departments, and the criminal justice system have begun to understand the significance of delayed stress in the lives of many veterans. It is undisputed that creative treatment could rehabilitate tens of thousands of veterans, particularly those with bad discharges and criminal convictions. Many veterans languish in jails convicted and sentenced by courts that were never informed of the true psychiatric picture of the offender. The resources of the government should be used to inventory these cases.

An inquiry into the role PTSD and substance abuse may have played in a person‘s criminal acts are not an attempt to escape from responsibility; this inquiry is a reasonable examination into treatment and prevention of future antisocial acts.

The DVA handling of PTSD and substance-abuse compensation claims, while improving, still reflects part of the traditional attitude that such conditions only occur to those who were predisposed." Partially, as a result, the process merely becomes a search for an objective stressor.

The DVA still sometimes very narrowly interprets whether a veteran was prevented from using educational benefits for purposes of extending a delimiting date. A very traditional view of medically disabling conditions is used. PTSD and often-attendant substance-abuse problems are usually not considered as medically disabling.

**Resolved, That**: Vietnam Veterans of America urges that:

1. The DVA establish a diagnostic and forensic unit or have available referral resources, which, upon request from a veteran or his/her counsel, will provide an evaluation of the role, if any, PTSD may have played in a criminal act. This requirement should apply at all stages of a criminal proceeding -- even at the parole or other post-conviction relief stage. The federal government should take the lead in establishing a program to assist the states in screening its incarcerated veteran population for legitimate PTSD cases for purposes of treatment and sentence and/or parole reevaluation and assist in the education of law-enforcement personnel who make the initial decisions concerning a veteran-arrestee.
2. The DVA act and seek legislation, if necessary, to extend the Vet Center outreach activities to incarcerated veterans. Adequate funding should be provided to meet this mandate.
3. The Veterans Benefits Administration (VBA) act decisively to revise all directives and regulations which guide the rating board‘s adjudication of PTSD claims. Too much emphasis is placed on combat and the objective proof of a stressor. As a result, the wrong claims may be granted purely after finding evidence of combat service, and proper claims are often denied for failure to conduct an in-depth inquiry into the true nature of the stressor. The DVA should be obligated to conduct the often-necessary unit records search to augment frequently incomplete military personnel records. Additionally, DVA Central Office policy should be changed and enforced requiring the use of current mental-health standards regarding diagnosis of PTSD as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.
4. The DVA amend its regulations specifically to recognize that a delimiting date for educational benefits can be extended if it can reasonably be shown that the veteran could not take meaningful advantage of these benefits because of PTSD, even if drugs, alcohol, and/or incarceration were part of the symptoms.

## PTSD-2
## SUPPORT FOR READJUSTMENT COUNSELING SERVICE PROGRAMS

**History:**
First adopted in 1993 as V-3-93
Updated in 1995 as PS-2-95
Amended in 1997 as PS-2-97
Amended in 1999 as PS-2-99
Renumbered in 2001 as PTSD-2-01
Amended and renumbered in 2011 as PTSD-2

**Issue:** Treatment of veterans‘ psychological needs via community-based Readjustment Counseling Service Vet Centers.

**Background:** The Vet Center program has proved to be a popular and effective treatment modality. Periodically, proposals have been made to cut funding, reconfigure the services offered, or relocate Vet Center staff to locations at DVA Medical Centers (VAMCs). Veterans who use the Vet Center program prefer that these centers continue to be located in local areas and choose not to use similar services available at VAMCs because of the bureaucratic environment.

**Resolved, That**: Vietnam Veterans of America strongly recommends that Readjustment Counseling Services continue with its present line-authority and funding configuration as a community-based service provider with locations separate from VAMCs and VISNs. That legislation authorizing and funding a general expansion of the Vet Centers and Contract Care Provider Program to include rural areas be actively pursued after a needs assessment and submission of such assessment is submitted to the VA Under Secretary for Health and Director of the Readjustment Counseling Services. Both programs must include outreach to incarcerated veterans, homeless veterans, and the families and significant others of veterans diagnosed with PTSD and Substance Abuse. These programs should be an entitlement for all veterans.

## PTSD-3
## POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE ABUSE

**History:**
First adopted in 1985 as a series of Resolutions: V-5-85, V-6-85, V-7-85, V-8-85, and V-9-85 Added to the series in 1989 was V-2-89
This initial series of resolutions was replaced in 1991 by V-PS-16-91
Updated in 1993 by V-7-93
Updated in 1995 by PS-3-95
Amended in 1997 as PS-3-97
Amended in 1999 as PS-3-99
Amended in 2001 as PTSD-3-01
Renumbered in 2011 as PTSD-3

**Issue:** Hundreds of thousands of veterans and their families suffer severe psychological and emotional difficulties related to the veteran‘s military service. However, there remains a serious lack of Department of Veterans Affairs (DVA) and government commitment to providing realistic treatment, treatment facilities, trained personnel, adequate budgeting, or compensation for this tragic problem. There also is a need for more understanding and attention to the elevated PTSD and substance abuse rates among 500,000 minority veterans.

Further, the Convention notes that DVA is NOT in compliance with the provision of the Veterans Eligibility Reform Act of 1996 that requires DVA to maintain at least the capacity and level of resources that existed in Fiscal Year 1996.

**Background:** PTSD and substance abuse is a legitimate mental-health disorder recognized worldwide by mental-health professionals, and it is clearly defined by criteria set forth in the current Diagnostic and Statistical Manual of the American Psychiatric Association.

Problems related to PTSD and substance abuse include chemical dependency, incarceration, homelessness, unemployment and underemployment, as well as many other mental-health problems. In the face of these scientific facts, the government continues to respond in cavalier and disinterested ways which only serve to exacerbate and intensify the problem. The DVA failure to address the problem of PTSD and substance abuse among Vietnam veterans results in a deplorable waste of human lives and resources on a daily basis and serves to compound the endemic mistrust of the federal government by Vietnam-era veterans. Resources and the effective commitment to deal with the neuro-psychiatric wounds of war should be made available and be adequately distributed in all the areas mentioned in order to meet the need reported by the NVVRS study.

**Resolved, That:** Vietnam Veterans of America, finds the response to date of the DVA as well as the United States Congress in the area of providing adequate treatment for veterans afflicted with symptoms of PTSD and Substance Abuse to be woefully inadequate. In order to address this issue in a manner consistent with the DVA's obligation to afford treatment for disabilities directly related to military service, VVA advocates:

- That the Congress takes all necessary steps to ensure that the organizational capacity of the DVA to address the neuro-psychiatric wounds of war, particularly post-traumatic stress and concomitant substance-abuse is restored to AT LEAST the level of effort that existed in FY 1996 and seek to increase, designated targeted funding.
- Legislation authorizing and funding fellowships and other educational programs to foster training of mental-health professionals in the field of PTSD and Substance Abuse treatment must be approved and enacted.
- Legislation compelling all DVA practitioners and other personnel to take detailed military histories of all veterans.
- Legislation establishing a presumption of service connection for PTSD and Substance Abuse upon a diagnosis of PTSD and Substance Abuse by a mental-health clinician qualified in the diagnosis of PTSD and Substance Abuse must be approved and enacted.
- Educate compensation and pension examiners and service representatives about the importance of recognizing physiological diseases such as heart problems and chronic depression as secondary conditions of PTSD. DVA Adjudication Manual M21-1, Paragraph 50.40a(1) confirms that substance abuse will be deemed service-connected--rather than the anachronistic characterization of substance abuse as -

willful misconduct‖--if it is secondary to a service-connected neuropsychiatric disability.

- A DVA Central Office policy change and enforcement to require the use of current mental health standards regarding diagnosis of PTSD and substance abuse as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.

## PTSD-4
## PTSD COUNSELING FOR FAMILY MEMBERS

**History:**
First adopted in 1997 as PS-4-97
Amended in 2001 as PTSD-4-01
Renumbered in 2003 as PTSD-4-03
Renumbered in 2005 as PTSD-4-99
Renumbered in 2011 as PTSD-4

**Issue:** Currently only a few Vet Centers do not provide regular and effective counseling to family members relative to PTSD even though the Vet Centers are the only part of DVA that are legally authorized and mandated to do so by law.

**Background:** This has been amply demonstrated in that the spouse and children are affected by a veteran‘s PTSD. The veteran is counseled at the DVA for the PTSD, and sooner or later that veteran goes back to the family. More often than not such care is provided strictly on an outpatient basis, regardless of the fact that a period of inpatient care may be clinically indicated. Therefore a need exists for education of spouses as well as counseling for children. Many families suffer from secondary PTSD. They do not realize that the symptoms are normal‖ It would be to the veteran‘s benefit that extensive education and counseling be given to his or her family, for otherwise the veteran‘s recover will be limited or otherwise significantly impaired.

**Resolved, That:** Vietnam Veterans of America, seek to expanded legal authority and funding for all VHA to provide counseling to a veteran‘s family or family member when it is clinically indicated to be in the best interest of the veteran. Further, the delegates mandate that VVA take an assertive role in assisting the DVA to develop an excellent counseling program for the families and individual family member of Veterans who suffer from PTSD.

**PTSD-5**
**SUBSTANCE ABUSE TREATMENT**

**History:**
First adopted in 1997 as PS-5-97
Renumbered in 1999 as PS-5-99
Amended in 2001 as PTSD-5-01
Amended in 2003 as PTSD-5-03
Renumbered in 2005 as PTSD-5-95
Renumbered in 2011 as PTSD-5

**Issue:** Alcohol and other drugs, including prescription drugs, have had a serious impact on the quality of life of veterans and their families, particularly those veterans with PTSD. The treatment of substance abuse by qualified staff must be made available on a more global basis.

**Background:** The VA has allowed substance abuse treatment programs to be severely truncated or virtually eliminated altogether in many areas of the country in the past five years, even though approximately half of all VA patient have a disease condition that is caused or exacerbated by substance abuse, and that such reduction in capacity are illegal pursuant to the Veterans Eligibility Reform Act of 1996.

**Resolved, That:** Vietnam Veterans of America, is committed to a comprehensive treatment program for veterans with substance-abuse disorders as well as support programs for the family members. The following areas are identified as paramount and VVA strongly urges:

- That Congress provides designated targeted funding and take steps to ensure that VA uses such funds to offer effective inpatient and outpatient treatment of substance abuse in every area of the United States and ensure there is adequate continuing care/aftercare provided by VHA facilities, vet centers, or other community-based resources.
- That DVA shall provide qualified personnel with a minimum credential of Certified Drug and Alcohol Counselor to provide these services.
- That DVA shall establish intervention and referral services for veterans and their families, including Children at Vet Centers or other community resources.

That all state councils shall establish a liaison that will coordinate information with the VVA National Office as well as with the National PTSD/Substance Abuse Committee.

## PTSD-7
## PTSD AND MENTAL HEALTH RESOURCES

**History:**
First adopted in 2001 as PS-7-01
Renumbered in 2005 as PTSD-7-01
Renumbered in 2011 as PTSD-7

**Issue:** The importance and necessity for the development of mental health resources for PTSD.

**Background:** Since PTSD was established by the Diagnostic and Statistical Manual (DSM-III) in 1980. Many organizations and individuals have explored its implications for veterans, non- veterans, and society as a whole. Of the 800,000 veterans estimated by the 1986 Readjustment Study to suffer moderate to severe symptoms of PTSD, only about one-quarter of that number have been diagnosed and treated by the VA. Meanwhile, much work on the subject is accumulating in the private sector that has and may further benefit veterans. It is important and necessary to form mutually advantageous relationships with those whose work can benefit the mental health and wellness of veterans and their families. Vietnam Veterans of America has been a leader in the effort to promote acceptance treatment of PTSD, and should continue to expand its role in this field.

**Resolved, That:** Vietnam Veterans of America is committed to investigate and develop contacts with mental health practitioners, organizations, and professional associations such as but not limited to National Institute for Mental Health (NIMH), National Alliance for the Mentally III (NAMI), International Society for the Study of Dissociation (ISSD), International Society for Traumatic Stress Studies (ISTSS) and Mentally Ill/Chemically Affected (MICA), thus facilitating alliances and a coalition approach, to keep abreast of developing medical science regarding PTSD. This would promote benefits to the severely chronically mentally ill veterans, their families and society.

## PTSD-8
## POST TRAUMATIC STRESS DISORDER COMPENSATION CLAIMS

**History:**
First adopted in 2005 as PTSD-8-05
Renumbered in 2011 as PTSD-8

**Issue:** The Department of Veterans Affairs (DVA) still has not sufficiently taken the lead in many important aspects of the effects of Post-traumatic Stress Disorder among veterans.

**Background:** The DVA handling of PTSD and substance abuse compensation claims, while improving, still reflects part of the traditional attitude that such conditions only occur to those who were predisposed. Partially, as a result, the process merely becomes a search

for an objective stressor. The DVA still sometimes very narrowly interprets whether a veteran was prevented from using educational benefits for purposes of extending a delimiting date. A very traditional view of medically disabling conditions is used. PTSD and often-attendant substance- abuse problems are usually not considered as medically disabling.

**Resolved, That:** Vietnam Veterans of America urges that:

1. The Veterans Benefits Administration (VBA) act decisively to revise all directives and regulations which guide the rating board's adjudication of PTSD claims. Too much emphasis is placed on combat and the objective proof of a stressor. As a result, the wrong claims may be granted purely after finding evidence of combat service, and proper claims are often denied for failure to conduct an in-depth inquiry into the true nature of the stressor. The DVA should be obligated to conduct the often-necessary unit records search to augment frequently incomplete military personnel records. Additionally, DVA Central Office policy should be changed and enforced requiring the use of current mental-health standards regarding diagnosis of PTSD as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.
2. The DVA amend its regulations specifically to recognize that a delimiting date for educational benefits can be extended if it can reasonably be shown that the veteran could not take meaningful advantage of these benefits because of PTSD, even if drugs, alcohol, and/or incarceration were part of the symptoms.
3. In addition, through the leadership of its duly elected officers, Board of Directors, Conference of State Council Presidents and membership, VVA must continue to direct its strongest advocacy effort to educate federal and state officials about such inconsistencies using appropriate information resources developed by VVA national office staff for such purposes.

## PTSD-9
## ACCESS TO VA MENTAL HEALTH SERVICES

**History:**
First adopted in 2001 as PS-7-01
Renumbered in 2003 as PS-7-03
Renumbered in 2005 as PTSD-9-05
Renumbered in 2011 as PTSD-9

**Issue:** Access to appropriate Department of Veterans Affairs' mental health services and treatment for returning National Guard members, Reserve troops and their families.

**Background:** There can be no doubt that the combat experiences of veterans can and often do cause mental health injuries just as debilitating as physical wounds. If left untreated, Post- Traumatic Stress Disorder and other psychological traumas can affect combat

veterans to the point that, over time, even their daily functions become seriously impaired. This places them at higher risk for self-medication and abuse with alcohol and drugs, domestic violence, unemployment, homelessness, and even suicide. No one really knows how many of our troops, including National Guard members and Reserve troops, in Iraq and Afghanistan have been or will be affected by their wartime experiences. Despite the early intervention by psychological personnel, no one really knows how serious their emotional and mental problems will become. VVA has no reason to believe that the rate of veterans of the wars in Afghanistan and Iraq having their lives significantly disrupted at some point in their lifetime by PTSD, will be any less than the 37 percent estimated for Vietnam veterans by the National Vietnam Veterans Readjustment Study (NVVRS) conducted almost 20 years ago.

Evidence overwhelmingly supports the need for early intervention and treatment of PTSD and related mental health disorders not only for active duty troops and veterans, but for their families as well. Communities, too, need to understand this, particularly in the case of returning members of the National Guard and the Reserves. Not only will many of these men and women be denied the same access to VA healthcare upon their deactivation, but also they cannot be expected to reintegrate into their communities without access to appropriate mental health support services akin to the support afforded to active duty troops at military facilities. The Vet Centers, operated by the VA Readjustment Counseling Service (RCS), can obviously be a key player in this response, as only the Vet Centers have the legal authority to serve the families of veterans.

**Resolved, That:** Vietnam Veterans of America strongly recommends that the key players, namely the Department of Defense, the Department of Veterans Affairs, and the states' governors must cooperate together to better coordinate the provision of appropriate mental health programs and services for returning National Guard members and Reserve troops and their families; and that the United States Congress must appropriate the necessary funding to ensure the implementation of such coordinated effort.

## PTSD-10
## POST TRAUMATIC STRESS DISORDER (PTSD) AMONG AMERICA'S MILITARY WOMEN VETERANS

**History:**
First adopted in 2007 as PTSD-10-07 Renumbered in 2011 as PTSD-10

**Issue:** The Veterans Healthcare Administration has not yet taken sufficient action to address the effects of combat-related Post Traumatic Stress Disorder (PTSD) among America's women military veterans.

**Background:** The nature of the combat in Iraq and Afghanistan is putting service members at an increased risk for PTSD compared to those of past wars. Service members are serving multiple tours, and the intensity of the conflict is strong and constant. And in these wars

without fronts, combat support troops‖ are just as likely to be affected by the same traumas as traditional combat arms‖ personnel. This has particularly important implications for our female soldiers, who now constitute about 16 percent of our active duty fighting force. Studies on women serving in combat zones in prior conflicts have found that women who experience sexual trauma had significantly higher rates of PTSD than woman who had not experienced sexual trauma. Therefore, many of the women serving in Iraq and Afghanistan face dual causes of PTSD. Studies conducted at the Durham, North Carolina VAMC Comprehensive Women's Health Center have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD.

Because of the number of women veterans who are now de facto combat veterans and because of the nature of the nature of conflicts in both Afghanistan and particularly Iraq, women veterans have entered a whole new world of need.

**Resolved, That:** VVA shall seek to ensure that the VA has both the ability and the capacity to provide gender-specific in-patient and out-patient care and treatment for both combat and sexual trauma related PTSD, and that psychosocial services are fully integrated into the primary care provided to women veterans.

**WOMEN VETERANS COMMITTEE**

## WV-2
## MEDICAL TREATMENTOF WOMEN VETERANS BY DVA

**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, 2017 and 2019

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

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

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

- Streamline eligibility and receipt of information to access health care services for first time users.
- Address “sense of mistrust” in developing strategies for recruiting women veterans.
- Organize the billing scales clearly for first time users.
- The competency and courtesy of staff who work with women in providing gender-specific health care.
- Those women veterans are provided women's health care in a timely and geographically accessible way.
- Every VA Medical Facility have at least one full-time FTE designated staff for women health.
- That reproductive health care expand to ensure complete infertility workups and fertility solutions regardless of marital status
- That appropriate training regarding issues pertinent to women veterans is provided.
- That there is the creation of an environment in which staff are sensitive to the needs of women veterans; that this environment meets the women's needs for privacy, safety, and emotional and physical comfort in all venues.
- Those privacy policy standards are met for all patients at all VHA locations and the security of all veterans is ensured.
- That the anticipated growth of the number of women veterans should be considered in all strategic plans, facility construction/utilization and human capital needs.
- Require data collection reporting on all VA Programs serving veterans by gender age and minority status.
- Ensure that sexual trauma care is easily and readily available to all veterans and the VA provides care and treatment by medical staff appropriately trained in military sexual trauma. clinical staff with appropriate qualification
- The VA should promote awareness of access to legal aid for women veterans.
- Require VA to report to Congress on the provision of size appropriate women veteran prosthetics at each VA Medical Center.
- That an evaluation of all gender specific sexual trauma intensive treatment residential programs be made to determine if this level is adequate as related to level of need for each gender.
- Those women veterans who seek care at Community Based Outpatient Clinics (CBOC) which do not provide for gender-specific medical and or mental healthcare shall be authorized to have treatment within the community care provider network.
- That evidenced based holistic programs for women's health, mental health and rehabilitation are available in all VA Hospitals and CBOCs to ensure the full continuum of care.
- That the Women’s Health Service aggressively seeks to determine root causes for any differences in quality measures and report these to the Deputy Under Secretary for Health, Deputy Under Secretary for Health Operations and Management, the VISN directors, facility directors and COS, and providers.

And furthermore: Vietnam Veterans of America will seek legislation:

- For a permanent VA Readjustment Counseling Service's Women Veterans Retreat Program.
- To ensure that neonatal care is provided for up to 15 days as needed for the newborn children of women veterans receiving maternity/delivery care through the VA.

**WV-3**
**SUPPORT FOR WOMEN VETERANS**

**History:**

First adopted in 1983 as R-1-83 and R-2-83
Amended in 1987 as V-1-87 and V-6-87
Amended in 1989 as G-17-89
Amended in 1991 as V-WV-20-91
Amended in 1993 as V-WV-9-93
Amended in 1995 as WV-6-95
Amended in 1997 as WV-6-97
Amended in 1999 as WV-2-99
Renumbered in 200 I as WV-1-01
Amended in 2003 as WV-1-03
Amended in 2005 as WV-1-05
Amended in 2007 as WV-2,3,6 -07
Renumbered in 2011 as WV-3 Amended in 2013 as WV-3
Amended in 2017

**Issue:** With an increase in the percentage of women serving on active duty in the Armed Forces, more women are entering the ranks of veterans seeking involvement in veteran service organizations. During the Vietnam War era, more than 265,000 women stood with their brothers when others would not. For this reason, and recognizing the contribution women veterans have made to this organization since its beginning, Vietnam Veterans of America, includes women as integral and equal members, including them on its legislative agenda and policy concerns.

**Background:** Vietnam Veterans of America has been the leader, recognizing the needs of all women veterans. Vietnam Veterans of America has recognized the contribution of women veterans in this organization and has elected women veterans to leadership positions at all levels. Additionally, although women veterans are authorized the same benefits, services and compensation as their male counterparts, many women do not know their rights as veterans, and they do not know how to access programs of the U.S. Department of Veteran Affairs. Until 1973, the Armed Forces women population had a two percent cap due to legislation. When gender caps were lifted, more women enlisted in the military.

Today's women participation is approximately 14.5% of active duty, and 18% of reserve component. Despite the role of Vietnam Veterans of America, assisting women veterans, outreach, identification, developing women veteran friendly support, and positive recognition remain major hurdles in helping them realize and access veteran benefits.

**Resolved, That:** Vietnam Veterans of America is committed to the inclusion and involvement of women veterans at all levels and within all arenas of the organization and in the visual representation of its membership. Efforts wil1 also include: the use of non-gender specific language in any/all communications (written or oral); recruitment; and outreach, providing women veterans with an awareness of their veteran benefits and mentor them in their legislative rights for improved medical care and benefits.

Further, to encourage Vietnam Veterans of America, National Office, State Councils and Chapters to establish women veteran recognition and outreach programs, and to work with state officials and legislators to create the position of a state women veteran coordinator and advisory committees, where none exist, to facilitate assistance to women veterans within the states and provide communication within and between agencies.

## WV-5
## WOMEN VETERANS RESEARCH

**History:**

First adopted in 2009 as WV-5-09
Amended and renumbered in 201 1 as WV-5 Amended in 2013 as WV-5
Amended in 2015
Amended in 2017

**Issue:** Specific issues pertinent to women veterans must be adequately researched.

**Background:** Because women veterans have historically been a small percentage of the veteran population, many issues specific to women veterans have not been researched. General studies of veterans often had insufficient numbers of women veterans to detect differences between male and female veterans and/or results were not reported by gender. Today, however, women are projected to be more than 11% of the veteran population by 2020 and 15% by 2025.

**Resolved, That:** Vietnam Veterans of America asks the Secretary of Veterans Affairs to conduct several studies specific to women veterans and that Congress pass legislation to mandate such studies if the Secretary does not act:

- A comprehensive assessment of the barriers to and root causes of disparities in provision of comprehensive medical, mental health, and residential treatment care by DVA for women veterans.

- A comprehensive assessment of the capacity and ability of women veterans' health programs in VA, including Compensation and Pension examinations, equality in Compensation and Pension ratings, and to meet the needs of women veterans. (GAO: March 2010:VHA)
- A comprehensive study on the relationship of toxic exposures during military training and service on infertility rates of veterans.
- A continued comprehensive evaluation of suicide among women veterans, including rates of both attempted and completed suicides, and risk factors, including co-morbid diagnoses, history of sexual trauma or sexual harassment, harassment, bullying, intimate partner violence, unemployment, deployments, or homelessness.
- VA should continue to expand the use of a central directory and mobile apps for services and programs. The VA, DOD, and even local community programs should work together to create and evaluate programs to assist in the support for these women veterans.
- VA should utilized local media to promote the availability of women veterans programs.

**WV-6**
**WOMEN VETERANS AND VETERANS BENEFITS**

**History:**

First adopted in 2009 as WV-6-09
Amended and renumbered in 2011 as WV-6
Amended in 2013 as WV-6
Amended in 2015 and 2017

**Issue:** Women Veterans underutilize veterans ' benefits in comparison with male veterans.

**Background:** The Veterans Benefits Administration (VBA), and to a lesser extent, the National Cemetery Administration (NCA), have been less proactive than the Veterans Health Administration (VHA) in targeting outreach to women veterans and in ensuring competency in managing claims filed by women veterans.

**Resolved, That:** The Vietnam Veterans of America will continue its advocacy to secure benefits for all eligible veterans. VVA asks the Secretary to ensure:

- That the leadership in all VA Regional Offices (VARO) are cognizant of and kept current on women veterans' issues; that they provide and conduct aggressive and pro-active outreach activities to women veterans and; that VBA leadership ensures oversight of these activities.

- That a national structure be developed within VBA for the Women Veteran Coordinator (WVC) positions, located at each VARO.
- That VBA develop a clear definition to the job description of the WVC and implement it as a full time position with defined performance measures.
- That VBA identify a subject matter expert on gender specific claims as a resource person in each regional office location.
- That the WVC is utilized to identify training needs and coordinate workshops.
- That the WVC have a presence in the local VHA system.
- That VBA ensure that all Regional Offices display information on the services and assistance provided by the Women Veteran Coordinator with clear designation of her contract intonation and office location.
- That VBA establish a method to identify and track outcomes for all claims involving personal assault trauma, regardless of the resulting disability, such as PTSD, depression or anxiety disorder. These outcomes are reported to the VA Secretary.
- That VBA perform an analysis and publish the data on Military Sexual Trauma (MST) claims volume, the disparity in the claims ratings by gender, assess the consistency of how these claims are adjudicated, and determine if increased training and testing is needed in this regard.
- That all claim adjudicators who process claims for gender-specific conditions and claims involving personal assault trauma receive mandatory initial and regular on-going training necessary to be competent to evaluate such claims.
- That the VARO create an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort.
- That the National Cemetery Administration enhances its targeted outreach efforts in those areas where burial benefits usage by women veterans does not reflect the women veterans' population. This may include collaboration with VBA and VHA in seeking means to proactively provide burial benefits information to women veterans, their spouses and children, and to funeral directors.
- And further: VVA supports;
- DVA evaluation of the efficacy of coordination of federal, state, and local women veterans programs.
- That DVA supports legislation to establish childcare services as a permanent program.
- That DVA establish a functional transition program with DoD for newly released military. Current program does not address information referrals for women resources adequately.

**WV-7**
**WOMEN VETERAN PROGRAM MANAGERS**

**History:**
First adopted in 2013 as WV- 7
Amended in 2017

**Issue:** VHA must ensure the compliance with the Women Veteran Program Managers policies.

**Background:** Women veteran advocates call for Congressional oversight and accountability during this congress. We are weary of hearing that the position of facility Women Veteran Program Managers would be full time positions, while in reality, after all this time, this isn't necessarily true. As a system wide directive the VA 2017, Handbook 1330.01, Health Care Services for Women Veterans defines the responsibilities of both the VA VISN Director and the VAMC Director and its enforcement demands this attention. Additionally, both WVPM positions are further defined in the VA 2018, Handbook 1330.02 Women Veteran Program Managers.

**Resolved, That:** Vietnam Veterans of America calls for Congressional oversight and accountability of all VA medical center and VISN Directors' compliance with measures defined in the VA's 2017 Handbook 1330.01 and VA Handbook Health Care Services for women veterans as it relates to the position of Women Veteran Program Managers (WVPM).

- WVPM must be a full-time position without collateral assignments as required by VA Handbook 1330.02.
- Reports directly to the facility Director.
- Compliance must be made a Performance Measure at all VISNs and VAMCs.
- 'Woman's Health Services Office must maintain oversight function.
- WVPM information be posted clearly at the check-in counters in the clinic areas.

## WV-8
## MILITARY SEXUAL TRAUMA (MST)

**History:**

First adopted in 2013 as WV-8
Amended in 2017 and 2019

**Issue:** Currently, instances of sexual assault in the military must be reported through the chain of command. This precludes impartial decision making and creates a biased judicial system for the victim. The creation of a separate and independent office to address such crimes would remove barriers to reporting and provide additional protection and safety for the victims.

**Background:** Sexual Assault and Prevention Response Office (SAPRO) has developed a Retaliation Prevention and Response Strategy, according to DoD, the majority of Military Sexual Trauma (71%) are under 24 years old and of lower ranks; whereas the majority of assailants (59%) are between 20 and 34 years old and of a higher rank than the survivor. There was an increase of 13% women reporting in 2017, while there was no change for men. Survivors may fear that their own actions may be cause for punishment. The threat of retaliation or fear of being reprimanded or disruption of their career is enough to silence many survivors or have them recant their stories. SAPRO reports of 2017-2018 showed that the majority of reporters of Sexual Assault in military academies and armed forces were still subjected to harassment and abusive behaviors.

**Resolved, That:** VVA will pursue legislation that reassigns complaints of military sexual trauma by service members and all alleged perpetrators outside of their immediate chain of command.

1. VVA requests review results of the Retaliation Prevention and Response Strategy FY 2016-2017 be reported to the Congressional Veterans Committees as well as the President.

## WV- 10
## TRAVEL FOR VHA TREATMENT

**History:** First adopted in 2013 as WV-10

**Issue:** The Beneficiary Travel policy indicates that only selected categories of veterans are eligible for travel benefits and payment is only authorized to the closest facility providing a comparable service. This Directive is not aligned with MST policy, which states that patients with MST should be referred to programs that are clinically indicated regardless of geographic location

**Background:** In light of the limited intensive residential treatment programs within the VA that are both MST specific and gender specific, many women veterans, especially those who are homeless and/or have limited income have difficulty seeking and accessing programs that meet their clinical needs. The introduction of the Choice Card for Care should be reviewed as it pertains to applicability for women veterans utilizing residential treatment programs within the community and closer to their homes. This would allow the family visitation without such travel constraints.

**Resolved, That**: Vietnam Veterans of America calls on the Under Secretary for Health to review and reexamine existing VHA policy pertaining to the authorization of travel for veterans, who have been referred by their mental health clinician, to a VA MST-related specialized inpatient intensive residential treatment programs outside the facilities VISNs where they are enrolled. Additionally, VVA calls for the provision of these travel funds whether the veteran is an in-patient or an outpatient; also that all medical center clinical staff are advised and fully understand the implementation of this policy.

**HEALTH CARE COMMITTEE**

## HC-2 VETERANS HEALTH CARE

**History:**
First adopted in 1983 as V-9-83
Amended in 1987 as V-5-87
Amended in 1989 as V-4-89
Amended in 1991 as V-1-91
Amended in 1993 as V-1-93
Amended in 1995 as V-1-95
Amended in 1997 as V-1-97
Renumbered in 2003 as HC-1-03
Amended in 2005 as HC-1-05
Amended and renumbered in 2007 as V-1-05
Amended and renumbered in 2011 as HC-2

**Issue:** The Department of Veterans Affairs (DVA) and Veterans Health Administration (VHA), is responsible for providing health care to veterans with service-connected disabilities and others as determined by eligibility rules established by Congress. Concerns continue regarding quality of health care, access, and eligibility for services.

**Background:** Many veterans have been adversely affected by what has been described as a health-care system in crisis. This, in part, is due to budget and resource limitations. Other significant factors are directly related to the massive size of the centralized DVA healthcare system, its bureaucratic inertia, and its inability to organize itself into an effective instrument to meet the changing healthcare needs of all veterans under its care. Both service-connected and non-service-connected veterans have experienced a consistent unavailability of access to DVA health care, including mental health, outpatient contract, and inpatient care.

Issues of access involve the need for many veterans to travel long distances to obtain care, as occurs with veterans living in rural communities or on island communities in Puerto Rico, the U.S. Virgin Islands, and Hawaii. Non-U.S. citizen veterans of the U.S. Armed Forces may receive DVA treatment for service-connected disabilities only if residing in the U.S. The statute allows payment for the treatment of service-connected disabilities outside the U.S. for veterans of the U.S. Armed Forces, only if such veterans are U.S. citizens, reside in the Republic of the Philippines, or are Canadian nationals.

The quality of health care in DVA remains suspect as revelations of questionable practices and adverse outcomes continue to emerge. DVA has lost sight of its obligation to provide quality health care as defined by veterans and their families, opting instead for quality as defined by health administrators and medical school affiliations.

**Resolved, That:** Vietnam Veterans of America maintains that veterans who have sustained injuries or illnesses during and/or as a result of their military service have the right to the highest quality medical and mental health services for treatment of those injuries and illnesses.

The first priority of the DVA must be to provide the highest quality evidence-based medical and mental health treatment at no cost to veterans for illnesses and injuries incurred during and/or as a result of their military service. Therefore, it is the obligation of the Veterans Health Administration (VA) to fulfill its affirmative responsibility to treat diseases, illnesses and conditions that have been diagnosed in veterans under its care.

DVA must insure that the highest quality evidence-based care is provided in DVA healthcare facilities. Monitoring activities conducted by Quality Assurance Programs must be scientifically based and include regular and consistent review by the Under Secretary for Health, Deputy Under Secretaries for Health, VISN Directors and the director and chief of staff of the institution. Quality data should be easily available to the public.

When DVA cannot provide the highest quality care within a reasonable distance or travel time from a veterans' home forty road miles from a VA facility that provides the services needed in a timely manner (thirty days), DVA must provide care via fee-basis provider of choice for service-disabled veterans to also include the following states New Hampshire, Alaska and Hawaii. Additionally, DVA must provide beneficiary travel reimbursement at the government rate. DVA should report at least annually on the use and cost of non-VA care and contract care, including the type of care and the reasons DVA could not provide it.

Congress should remove restrictions against providing DVA medical care to non-citizen, service-connected disabled veterans of the U.S. Armed Forces in order to treat equitably all those who served in the U.S. Armed Forces regardless of their country of origin, citizenship, or current country of residence.

DVA healthcare policies must allow the veteran client to have input in VA Medical Center/Outpatient Clinic operations. This should include establishment of veteran advisory boards at the local level. DVA should report on how many facilities have such boards, how often the boards meet, how members are selected, and how meetings are publicized in the community and among veteran service organizations.

DVA healthcare policies must be based on patient needs. Healthcare implementation should be decentralized to the local level, and budgeting should allow local facilities to plan for their own needs with significant consultation by the local veteran advisory boards. Congress must ensure a predictable and reliable funding stream for DVA health care programs indexed to medical inflation. VVA vigorously opposes any philosophy or language that would limit the delivery of the VA healthcare treatment and services to only a small group of veterans in order to save money. VVA is committed to protecting the rights of veterans and access to DVA programs and services as defined in title 38 US Code.

Additionally, to maintain medical competency and expertise in the provision of healthcare services, the DVA healthcare system needs to maintain a critical mass of patients if it is to continue as a highly cost-effective integrated managed care system. VVA vigorously resists any attempt to degrade this system by eliminating eligibility for "Priority 7" and "Priority 8" veterans – veterans who do not have service-connected health conditions and who agree to modest co-payments for their care.

## HC-6
## MILITARY HEALTH CARE

**History:**
First adopted in 1993 as V-14-93
Renumbered in 2003 as V-4-03
Renumbered in 2005 as V-7-95
Renumbered in 2009 as VB-21-09
Amended and renumbered in 2011 as HC-6

**Issue:** Upholding individual rights and traditional patient-centered ethics within the Department of Defense (DoD) medical-care system.

**Background:** During Operation Desert Storm concerns were raised by requests from the DoD to the Food and Drug Administration (FDA) to obtain waivers for the administration of unlicensed drugs without informed consent. Although both of the drugs in question (pyridostigmine, for the pre-treatment of organophosphate nerve-agent intoxication, and botulinum-toxoid vaccine) have been used either for the licensed treatment of other conditions or with informed consent, and are known to be safe, the general concept of blanket waivers raises the specter of previous drug and chemical experiments conducted by the military. The issue of consent in a war zone is complex as some might choose to use failure to consent as an excuse for removing themselves from the dangers of a war zone. Conversely, requiring an unvaccinated or untreated individual to remain in a danger zone when use of chemical or biological warfare is anticipated also is unethical.

Also of concern is whether or not military medical personnel are primarily responsible for the health and well-being of those under their care if they must subordinate the medical interests of individual patients to the military mission. While the treatment of multiple casualties often requires prioritizing the use of personnel and material resources by triaging patients, the care provided by military medical personnel should adhere to the same standards of medical care and medical ethics required by state licensing boards.
In 1999, President Clinton signed Executive Order 13139 which provides some controls on the use of investigational new drugs or drugs which have not yet been approved by FDA for their intended use. Under this Executive Order, which is still in effect, only the President of the United States may waive informed consent requirements on the grounds that obtaining consent is 1) not feasible; 2) contrary to the best interests of the service

members; or 3) not in the interests of national security. The Executive Order requires that the Secretary of Defense submit a plan for tracking use and adverse effects of the investigational drug(s) as a part of the waiver request and for notifying military personnel receiving the investigational drug(s). If granted, the waiver must be communicated to Congress and a public notice printed in the Federal Register. Waivers, when granted, will expire after no more than one year but can be renewed using the same procedures required for an original waiver.

**Resolved, That:** Vietnam Veterans of America takes the following positions:

Affirms its support for requiring fully informed consent of military personnel, even in wartime, for the use of experimental and investigational drugs;

Calls on the DoD to develop a policy stating the ethical responsibilities of military medical personnel as well as all military leaders, and to develop a patient's bill of rights similar to that adopted by Department of Veterans Affairs (VA); and

Affirms its belief in leadership by example and that everyone in the theater of operations from the Commanding General on down should be subject to the same immunization requirements/protocols.

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

**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
Amended in 2019

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

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

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

Both the JCAHO and CARF reviews are conducted approximately every three years and include on-site visits to the healthcare facility. Individuals who learn that a JCAHO survey is taking place and who have information about a hospital's compliance with the accreditation standards may request a Public Information Interview during the on-site survey; however there is no longer a formal process to notify the public in advance of the survey. CARF continues to require facilities post notification of a survey at least 30 days in advance of the survey.

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

**Resolved, That:** Vietnam Veterans of America takes the following positions:

1. Encourages chapters and state councils to become familiar with the accreditation standards currently used by JCAHO and CARF; and
2. Encourages chapters and state councils to participate appropriately in providing consumer input, both positive and negative, during accreditation surveys of VA medical facilities by requesting public information interview;

## HC-9
## HOURS OF OPERATION OF VA MEDICAL FACILITIES

**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
Amended in 2019

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

**Background:** The hours of operation for outpatient care at many VA hospitals and clinics are generally from 8-9 a.m. to 4-5 p.m. Veterans who are employed or have personal responsibilities may find it difficult to make appointments during these hours. Saturday and

evening clinics, as well as measures to decrease waiting times, would facilitate use of VA facilities by these veterans.

**Resolved, That:** Vietnam Veterans of America:

1 Encourages all VA hospitals and clinics to provide weekend and evening appointments for veterans through use of flexible employee scheduling; and
2. Encourages hospitals and clinics to diligently evaluate and improve scheduling to decrease waiting time.

## HC-10
## DEPARTMENT OF VETERANS AFFAIRS RESEARCH

**History:** First adopted in 2011 as HC-10

**Issue:** Research funded by the Department of Veterans Affairs (VA) too often does not address the needs and interests of the veterans it serves.

**Background:** Areas of importance for include the efficacy of various PTSD treatment modalities for different populations; long-term consequences of PTSD, Traumatic Brain Injury (TBI), infectious diseases endemic to areas where the U.S. military serves; and the efficacy of long-term care options for aging veterans.

**Resolved, That:** Vietnam Veterans of America urges that the Secretary of Veterans Affairs direct the Office of Research and Development and the various Research, Education, and Clinical Centers to focus on the wounds, maladies, injuries, and traumas of military service and war, research targeted to issues unique to specific wars and deployments.

## HC-11
## TESTING FOR HEPATITIS C

**History:** First adopted in 2011 as HC-11

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

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

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

**HOMELESS VETERANS COMMITTEE**

## HVC-1
## HOMELESS VETERANS AS A "SPECIAL NEEDS POPULATION"

**History:**
First adopted in 1985 as V-12-85
Amended in 1987 as V-3-87
Amended in 1991 as E-8-91
Amended in 1995 as HTF-4-95, HTF-1-03, HTF-1-05 & HTF-2-05, HTF-1-07, HTF-1
Renumbered in 2011 as HVC-1

**Issue:** The number of homeless veterans is very fluid. However, nationally it is accepted that 23-30% of the total homeless population or approximately 37,800 are homeless veterans according to 2018 Point-in-Time (PIT) count conducted by the Department of Housing and Urban Development. While federal agencies acknowledge these statistics, they have yet to identify these veterans as a Special Needs Population. Veterans make up a significant percentage (23-30%) of the homeless population in America. Homeless veterans are due a Fair Share‖ of the available federal dollars for programs and services funded in the United States.

**Background:** Our country's homeless problem is a national disgrace that refuses to fade. Homelessness has varied definitions and many contributing factors. Among these are PTSD, a lack of job skills and education, substance abuse and mental-health problems. The homeless require far more than just a home. A comprehensive, individualized assessment and a rehabilitation/treatment program are necessary, utilizing the continuum of care concept. Assistance in obtaining economic stability for a successful self-sufficient transition back into the community is vital. Although many need help with permanent housing, some require long-term residential care.

In some cases, agencies deal inappropriately, without sensitivity to the particular needs and issues of the homeless, especially to those of veterans. Because homeless veterans do present with unique issues surrounding their military experiences, we consider them a Special Needs Population‖. Until homeless veterans achieve status as a Special Needs Population‖ through legislative action; monies earmarked by Congress to combat homelessness will fail to reach programs specifically designated for these veterans.

The Department of Housing and Urban Development (HUD) administers the funds set aside by the McKinney-Vento Act. Admitting by its own computations that veterans approximate 23-30% of the entire homeless population in America, HUD would have us believe that it is, in fact, reaching this population by providing a general, overall relief effort to the homeless in America. With the special needs status of other populations in America receiving specifically allocated funding, veterans once again have to fight a war

on the home front to obtain rights and benefits that should rightfully be theirs. Veterans are not specifically targeted in funding, and the money is wasted on stopgap measures. Mission-type meal providers and overnight cots are well intentioned, but they change nothing and solve nothing.

**Resolved, That:** Vietnam Veterans of America, urges the Presidential Interagency Council on Homeless to recognize homeless veterans as a Special Needs Population. Further, we urge Congress to require all entities/agencies, including non-profit or governmental, that receive/utilize federal program funding dollars, to report statistics on the number of veterans they serve, their residential status, and the services needed. Vietnam Veterans of America strongly urges its membership, at the chapter and state council level, to work with their state and federal legislators to enhance services to homeless veterans and encourage them to recognize these veterans as a - Special Needs Population. Additionally, Vietnam Veterans of America supports legislation that would incorporate a - Fair Share‖ dollar approach for the federal funding of all homeless programs and services so to specifically target homeless veterans.

## HVC-6
## VA HOMELESS GRANT AND PER DIEM FUNDING

**History:**
First adopted in 2009 as HVC-6-09
Amended and renumbered in 2011 as HV-6
Amended in 2013 as HVC-6
Amended in 2015

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

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

Currently, the per diem amount that non-profits receive is based on the previous year expenses as defined in its annual audit. It is not based on anticipated expenses for the operating year in which the per diem will be paid. This causes the program to fall short in meeting its expenses for the agency's operating year. For this reason, we believe it is a reasonable suggestion that VA consider the distribution of per diem payments in much

the same way that other federal agencies operate. One solution to consider would be to set up HG PD disbursements in a "draw down" account similar to the system utilized by the U.S. Department of Housing and Urban Development, whereby agencies submit their projected budgets, are allocated the funds, and draw down on the allocated funds throughout the year. At the end of year reconciliations and adjustments as made.

Payments need to be based on actual anticipated budgetary expenses, not based on past year expenses. Non-profits cannot enhance services or hire additional necessary staff before they are able to access the dollars of increased per diem to pay for them. It sets in place a vicious cycle of need. (The agencies have a set per diem; they need more staff; they haven't shown it as an expense on the approved per diem they are receiving, so they can't afford to hire new staff because they don't have the money to do so.) This process leaves the program and the agency at a clear disadvantage because they do not have the money to do any advanced or "real time" enhancements to the program. To do so would place them at high risk and this action could be suicidal for a small non-profit. It places them at risk with creditors or, the agency has to reach into its line of credit at the bank. This action could result in paying in pay interest on the use of its line of credit until they can be approved for higher per diem. This interest is then an added expense to the program…a cost they cannot recoup.

Per Diem dollars received by services centers are not capable of obtaining or retaining appropriate staffing to provide services supporting the "special needs" of the veterans seeking assistance. Per Diem for Service Centers is provided on an hourly rate, currently only $5.92 per hour.

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

**Resolved, That:** Vietnam Veterans of America:

- Urges the Department of Veterans Affairs, Homeless Grant and Per Diem Program to provide payment for services‖ rather than the reimbursement for services‖ it presently provides for transitional housing.
- Supports and seeks legislation to establish Supportive Services Staffing Grants for VA Homeless Grant and Per Diem Service Center Grant Awardees

## HVC-7
## HOMELESS VETERANS REINTEGRATION PROGRAM TO REMAIN AT THE US DEPARTMENT OF LABOR (DoL) AND BE FULLY FUNDED AT $50M

**History:**
First adopted in 2011 as HVC-7-09
Renumbered in 2011 as HVC-7

**Issue:** Job readiness training and reeducation are a congressionally mandated function and responsibility of the US Department of Labor (DOL).

**Background:** The Homeless Veterans Reintegration Program (HVRP) has long suffered the consequences of limited funding. VVA is seeking to ensure that DOL request full authorized funding in its budget. This is not only a significant investment in the lives of veterans who are trying to make their way back…it is an investment in our national economy.

This training and employment program has proved over time to be extremely successful in retraining and reeducating our homeless veteran, providing a new start at life. It is a labor and training issue, and as such, it should be held accountable for program investment and performance in the same vein as all other agencies to include the U.S. Department of Veterans Affairs.

**Resolved, That:** Vietnam Veterans of America opposes the transition of the HVRP Program from the US Department of Labor and further, that DOL should be held accountable for this program‘s function, oversight, and performance. Additionally, VVA urges full funding to the authorized level for the HVRP program.

## HVC-8
## SUPPORT FOR CONTINUED FUNDING AND OVERSIGHT OF THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT/US DEPARTMENT OF VETERANS AFFAIRS SUPPORTIVE SERVICES (HUD-VASH) PROGRAM

**History:**
First adopted in 2009 as HVC-8-09
Renumbered in 2011 as HVC-8

**Issue:** Continued funding for the existing HUD-VASH voucher program, is key to ending homelessness among our nation‘s veteran population. Oversight of the HUD-VASH program and its processes will prove to an invaluable tool in the continuance and expansion of this program.

**Background:** VVA applauds the Senate Appropriates Committee for having HUD-VASH vouchers. The vouchers created by this funding will prove paramount in addressing the permanent supportive service housing needs of our homeless veteran population. By allocating this funding, Congress has given service providers the greatest tool possible in our fight to end homelessness among veterans. Oversight is necessary to ensure these vouchers, and any additional vouchers, will be administered, distributed and utilized to the fullest extent possible. By tracking the outcomes of the current HUD-VASH voucher program, a full annual evaluation of their effectiveness will drive not only those vouchers online, but the need for additional vouchers.

**Resolved, That:** Vietnam Veterans of America strongly supports and urges the continued funding and expansion of the HUD-VASH voucher program. Further, VVA urges the US Department of Housing and Urban Development and US Department of Veterans Affairs establish a mechanism whereby oversight of the HUD-VASH voucher program will be insured so that outcomes, and effectiveness of the program can be monitored.

## HVC-10
## CONTINUED FUNDING FOR "SPECIAL NEEDS" GRANTS UNDER THE DEPARTMENT OF VETERANS AFFAIRS HOMELESS GRANTS & PER DIEM PROGRAM

**History:**
First adopted in 2011 as HVC-10
Amended in 2015

**Issue:** Special Needs funding under the Department of Veterans Affairs homeless Grants & Per Diem Program is due to expire on September 30, 2019.

**Background:** In accordance with Title 38 of the US Code, Part II, Chapter 20, Benefits for Homeless Veterans, Subchapter VII, Other Provisions, Sec. 2061, Grant Programs for Homeless Veterans with Special Needs, the statute reads that, the Secretary shall carry out a program to make grants to health care facilities of the Department and to Grant and Per Diem Providers in order to encourage development by those facilities and providers of programs for homeless veterans with special needs. These special needs veterans include women and women who have care of minor dependents; frail, elderly; terminally ill; and chronically mentally ill.

Many of the veterans falling out under special needs categories require services above and beyond what the original grant was for. Services such as Military Sexual Trauma counseling end of life and bereavement counseling, or learning how to function with a severe mental health condition. These services, many times, require individuals with special training and certifications to act as counselors. Many non- profit agencies do not have the funding capabilities to sustain licensed practitioners on staff. Special Needs grants provide additional funding to allow for those individuals to be hired and to provide for

additional services necessary for the veterans to achieve the greatest level of self-sufficiency.

**Resolved, That:** Vietnam Veterans of America aggressively advocate for legislation forward that would extend the Homeless Veterans with Special Needs due to expire on September 30, 2019.

## HVC-11
## THE DEPARTMENT OF VETERANS AFFAIRS TO IDENTIFY BEST PRACTICES MODEL ADDRESSING HOMELESS WOMEN VETERAN TRANSITIONAL RESIDENTIAL TREATMENT PROGRAMS THROUGH VA HOMELESS GRANTS AND PER DIEM

**History:** First adopted in 2011 as HVC-11

**Issue:** To often agencies providing services to homeless women veterans are left on their own to create programs they think will work. By identifying Best Practices Models, organizations and agencies across the country will be able to replicate what works‖ when addressing homeless women veterans and the issues they bring.

**Background:** Homeless women veterans do bring issues unique to women into programs. Many have histories of military sexual trauma, domestic violence and even childhood abuse. These women need to have a voice in, not only the services they would like to see, but in the services they need. For many of them "one size does not fit all". By investigating and studying programs currently on line within the Department of Veterans Affairs, Best Practices could be identified. This would eliminate duplication of services. Adoption of Best Practices will lead to the creation of new and innovative programs to assist with providing individualized services to our homeless women veterans. Many agencies spend countless hours trying to create new programs from the ground up, with no template‖ as to what works and what does not work.

**Resolved, That:** Vietnam Veterans of America strongly urges the Department of Veterans Affairs to identify Best Practice Models addressing the unique needs and issues of homeless women veterans and move to implement these practices in programs for homeless women veterans nationwide.

## HVC-13
## SUPPORT FOR THE MISSING IN AMERICA PROJECT

**History:** First adopted in 2013 as HVC-13

**Issue:** Unclaimed cremated remains of America's veterans are being stored on shelves in funeral homes and crematoriums across the country. By virtue of their military service, all veterans are due a dignified burial with military honors.

**Background:** The Missing In America Project has a mission of locating, identifying, and interring the unclaimed cremains of veterans through a joint effort of private, state and federal organizations. Their mission is to provide honor and respect for those who have served this country by securing a final resting place for those abandoned. There are funeral homes in every community across the country. By reaching out to the funeral home directors, unclaimed veteran cremains will be able to bury with dignity and honor.

**Resolved, That:** Vietnam Veterans of America, at every level, chapter, state council and national, support the mission of the Missing In America Project in locating and identifying the unclaimed cremains of veterans and securing a final resting place for these forgotten veterans.

## HV-14
## SUPPORT, OVERSIGHT AND ACCOUNTABILITY OF VA SUPPORTIVE SERVICES FOR VETERAN FAMILIES

**History:** First adopted in 2013 as HV-14

**Issue:** Many times Veteran families find themselves in desperate situations, unable to pay rent, or seek employment, or other financial hardship situations. VA Supportive Services for Veteran Families (SSVF) grants provide much needed assistance to these Veterans, allowing them to remain housed, thus fulfilling, in part, the Department of Veterans Affairs prevention of Veteran Homelessness initiative.

**Background:** Under the SSVF program, VA awards grants to private non-profit organizations and consumer cooperatives that can provide supportive services to very low-income Veteran families living in or transitioning to permanent housing. Veteran families are provided outreach, case management, and assistance in obtaining VA and other benefits, which may include health care services, daily living services, personal financial planning services, fiduciary and payee services, legal services, child care services, housing counseling services, and transportation services. In addition, Veterans may also be provided time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veteran families stay in or acquire permanent housing on a sustainable basis.

**Resolved, That:** Vietnam Veterans of America fully supports the continuation of the VA's SSVF grant program. Additionally, in order to insure full compliance with the regulations set forth for this most valuable program, VVA strongly urges the Secretary of the Department of Veterans Affairs monitor, and hold accountable, those entities receiving and distributing these funds to the most vulnerable Veteran families.