

2017 Proposed Convention Resolutions



**Compiled By the
2017 Resolutions Committee
Dick Southern, Chair
Sharon Hodge, Staff Advisor
For Consideration at the
Eighteenth National Convention
New Orleans, Louisiana
August 8-12, 2017**

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**PROPOSED 2017 CONVENTION RESOLUTIONS NOT
ADOPTED BY COMMITTEE**

**NOT ADOPTED BY THE AGENT ORANGE/GOVERNMENT AFFAIRS
AT THE JANUARY 2017 COMMITTEE MEETINGS**

Submitted by: Dave Keeton – Proposed Resolution-5

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Government Affairs/Agent Orange Committees

Revision existing resolution: NO

Issue: None

Background: None

Proposed Position: A war stamp to honor all war dogs. The war dogs need a stamp to honor them.

**NOT ADOPTED BY THE MEMBERSHIP AFFAIRS COMMITTEE AT
THE JANUARY 2017 COMMITTEE MEETING**

Submitted by: Walt Schumacher – Proposed Resolution-6

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Membership Affairs Committee

Revision existing resolution: NO

Issue: Most of VVA's State Councils and Chapters do not archive their official or unofficial documents from year to year to keep track of current and former elections, decisions, that have been passed either in years past or current day. Current State Council Officers are often left in the dark about Committees', reports, decisions, financial issues, budget decisions, et al to create for SC and/or Chapter meetings along with agenda's, minutes. Official decisions made even one year ago. VVA personnel creating the reports wind up throwing them away or keeping them in a "file only" to eventually be lost among a lot of together "official documentation" that should be passed onto the new officers after the latest election.

Background: As State Council/Chapter Officers are re-elected, information and documentation (minutes, agenda's, by-laws, official decisions) from the previous officers (Pres, VP, Sec, Treas) are NOT passed forward to the new set of officers

and that particular set of officers have little or no idea of what took place in the previous two years. As a result, new decisions will have been made overriding any unknown votes. The President, VP#1, VP#2, Secretary, Treasurer should ensure that all reports, notebooks, official documents be passed onto the incoming officers and then be bound and safeguarded into a safe and known location.

Proposed Position: It proposed that all State councils and Chapters fully archive each meeting, event into an organized manner of document collection and then bound into a book for future collection and reference for any given year. Along with that, have as many documents from those meetings placed on an electronic CD or DVD for safekeeping and retrieval in a readable format by common software such as MS Word, Acrobat, etc. Previous years' documentation should also be collected, bound and electronically backed-up and placed in a safe and known place IAW VVA National rulings of storage with three (3) person's knowledge. Each year's book shall be completed NLT the 15th of January of the next year.

**NOT ADOPTED BY THE VETERANS BENEFITS/VETERANS
HEALTHCARE COMMITTEES AT THE APRIL 2017 COMMITTEE
MEETING**

Submitted by: William Paul Brown – Proposed Resolution-7

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Veterans Benefits Committee

Revision existing resolution: NO

Issue: Raise maximum monthly Veterans' pension rate to \$150 for single veteran furnished domiciliary care by VA, or hospitalized at VAMC more than 3 months.

Background: After 3 months of care, VA pension rate is reduced to \$90 paid monthly. This rate has NOT been raised since 2011. (See VA benefits pamphlet 80-14-01, page 50).

Proposed Position: Vietnam Veterans of America, Inc., at its National Convention in New Orleans, Louisiana August 8-12, 2017, supports legislation that amends Title 38 to raise to \$150 the rescinds monthly VA pension single veteran furnished domiciliary care by VA, or hospitalized at VAMC more than 3 months.

**NOT ADOPTED BY THE INCARCERATED VETERANS COMMITTEE
AT THE JANUARY 2017 COMMITTEE MEETING**

Submitted by: Bill Wanless – Proposed Resolution-1

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Incarcerated Veterans Committee

Revision existing resolution: NO

Issue: The repeal of amendment 38 USC 5313

Background: See 5313 was established in 1980 to reduce the duplication of funds spent on incarcerated veterans.

Proposed Position: Unlike prison 1980, incarcerated veterans' new pay for a great deal at their own expense (i.e., food clothing, hygiene and medical co-pay. Section 5313 is outdated and should be repealed.

Submitted by: Nathan C. Sollish – Proposed Resolution-2

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Incarcerated Veterans Committee

Revision existing resolution: NO

Issue: Jailed for serving in the Vietnam War.

Background: Acted in self-defense on private property. D.A. told jury all Vietnam vets are liars.

Proposed Position: Review trial transcripts – if destroyed, consider wrongful incarceration. Don't leave us to die here. Oregon implies any vet with PTSD is a danger and should remain for life in prison. (Lane County was last to support Vietnam Vets. in the state (Still don't)

Submitted by: Patrick McShane – Proposed Resolution-3

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Incarcerated Veterans Committee

Revision existing resolution: NO

Issue: The repeal of amendment 38 USC 5313

Background: 10% compensation for incarcerated vets, Sullivan act, 1980's

Proposed Position: Sullivan needs to be abolished. Prisoner is limited to 10% compensation while in prison, even if 100% disabled. If vets received all the compensation they earned, their, would be less homeless vets when released.

Submitted by: William Haake – Proposed Resolution-4

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Incarcerated Veterans Committee

Revision existing resolution: NO

Issue: Voting Rights for incarcerated veterans.

Background: The Federal Government realizes its continued responsibility for veterans through the program monitored by Veterans Administration. Likewise, the Federal Government's responsibility does not stop when a Veterans is incarcerated nor after a Veterans is released. Therefore, there is a precedent for government intervention concerning Veterans. It is a reasonable patriotic request to have our voting rights, while incarcerated, and all our Civil Rights automatically restored upon release. A veteran's DD-214 proof of military service would trump our criminal record and be all the documentation required to give a meaningful second change by allowing us to obtain employment we would, otherwise, be precluded.

We seek in introducing a bill in Congress that would endow incarcerated veterans with the right to vote and make the restoration of all our civil liberties automatic upon released from prison

Proposed Position: We seek in introducing a bill in Congress that would endow incarcerated veterans with the right to vote and make the restoration of all our civil liberties automatic upon released from prison.

**NOT ADOPTED BY THE INCARCERATED VETERANS COMMITTEE
AT THE APRIL 2017 COMMITTEE MEETING**

Submitted by: James Everett – Proposed Resolution-8

Resolution endorsed by chapter: NO

Resolution endorsed by state council: NO

Date endorsed by state council delegates: NO

Responsible committee: Incarcerated Veterans Committee

Revision existing resolution: NO

Issue: Restoring withheld benefits of incarcerated veterans

Background: To support VIN-5 restitution of benefits

Proposed Position: Those titles 38 USC 3.665,5313 be repealed/revised/amended, based upon its unconstitutional application, deprives, discriminate and isadvantages veterans incarcerated of their deserved benefits, based upon “sonofsam” law.

PROPOSED 2017 CONVENTION RESOLUTIONS AMENDED

BY COMMITTEE

ECONOMIC OPPORTUNITY COMMITTEE

E-3 VETERANS IN BUSINESS

Amend by striking the words with the ~~striketrough~~ and inserting the **bold**
underlined words starting at line number 17

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

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

8 businesses, large and small, are veterans.

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

16 **Resolved, That:** Vietnam Veterans of America takes the following positions: VVA
17 in the strongest language possible recommends ~~that legislation that mandates the full~~
18 ~~implementation of P. L. 106-50, The Veterans Entrepreneurship Act of 1999, be~~
19 ~~accomplished throughout the federal agencies. Those agencies, individual managers~~
20 ~~responsible for the implementation, by written policy and/or oversight must be held~~
21 ~~accountable. Such means of accountability and ramification of breech must be~~
22 ~~published, widely distributed and implemented throughout all federal agencies.~~

23 **the expansion of the Veterans Federal Procurement Program to include**
24 **economically disadvantaged Service Disabled Veterans Owned Businesses**
25 **(SDVOBs); the expansion of the Department of Transportation Disadvantaged**
26 **Business Enterprise (DBE) to include veteran-owned businesses and SDVOBs;**
27 **a new implementation strategy of VA's Vets First Contracting Program**

28 **following the recent Supreme Court decision in favor of a SDVOB. The federal**
29 **agencies managers must be held responsible for implementation, by written**
30 **policy and/or oversight must be held accountable. Such means of accountability**
31 **and ramification of breach must be published, widely distributed and**
32 **implemented throughout all Federal Agencies.**

33 VVA calls on the organized business community and individual businesses to work
34 closely with VVA and other veterans' organizations to enhance the possibilities
35 and opportunities for veterans to succeed in business. A special effort must be made
36 to assist disabled veterans who have the skills and attributes that would suit them
37 to such a career.

38 VVA calls on the Congress and the Executive Branch to take necessary steps
39 to ensure that veteran-owned businesses, particularly disabled-owned businesses,
40 have every reasonable opportunity to secure a share of Federal contracts that
41 purchase goods and services for the Federal government. Similarly, VVA calls on
42 the states to take similar steps modeled on the action taken by the state of
43 California to provide opportunities for disabled veteran-owned businesses.

44 VVA calls on each state's Congressional delegation to jointly sponsor, no less
45 than every other off election year a program in their states that brings every federal
46 procurement officer for every federal agency that does business within that state
47 to train veteran owned business in how to work with their respective agencies.

48 VVA also calls on all state executives and legislatures to implement veteran
49 business preference legislation for veteran owned business in all state
50 procurements.

E-18

A COMPREHENSIVE EMPLOYMENT RESOURCE DEVELOPMENT PROGRAM

Amend by striking the words with the ~~striketrough~~ starting at line number 3 and
16.

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

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

5 **Background:** Many Vietnam veterans are vulnerable to the numerous cutbacks,
6 layoffs, early retirements, and industrial closings that occur daily throughout the
7 nation. While most unemployment service agencies are responsive to veterans,

8 frequently the special needs of aging Vietnam veterans are not met. Many of the
9 veterans returning from harm's way are not having their unseen disabilities
10 addressed in order to maintain a living wage for themselves and their families.

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

14 **Resolved, That:** In order to live up to its motto of "Never Again Will One
15 Generation of Veterans Abandon Another," Vietnam Veterans of America will
16 actively advocate for increases in federal funding for ~~mental health services and~~
17 programs at all Vet Centers and VHA facilities in order to assist veterans and their
18 families (including members of the Reserve and National Guard) with mental health
19 illnesses caused by their military service, thereby better ensuring an opportunity for
20 the veteran's successful reintegration into the workplace and community.

E-19

A MEANINGFUL JOB AT A LIVING WAGE

Amend by striking the words with the ~~striketrough~~ starting at line number 1 and
18.

History:

First adopted in 2007 as E-19-07

Amended and renumbered in 2011 as E- 19

1 **Issue:** ~~OEF and OIF veterans are suffering physical and mental health illnesses~~
2 ~~that keep them from getting and keeping a meaningful job at a living wage.~~
3 Veterans make up a larger percentage of agencies' new hires than they did five
4 years ago, but they are being placed disproportionately in entry-level clerical jobs.
5 There are employment programs on the books, such as Welcome Home to Work,
6 Hire a Vet First: and Jobs for Veterans Act, that are insufficient to meet Veterans
7 'needs because of a lack of funding, ignorance, and or purposeful intent.

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

12 **Resolved, That:** Vietnam Veterans of America takes the following positions:
13 VVA calls on all federal and state agencies to implement to the highest degree the
14 "Welcome Home to Work", "Hire a Vet First" and "Jobs for Veterans Act". The
15 federal agencies and their individual responsible managers must be held
16 accountable for the implementation by written policy and GAO oversight. The
17 means of accountability and penalties must be published, widely distributed and
18 implemented throughout all federal agencies. ~~Because returning Veterans have~~
19 ~~problems in finding work and getting necessary medical assistance for themselves~~
20 ~~and their family, VVA will make available the "VVA Guide to Veterans~~

21 Employment, “VVA Guide to Veterans Preference”, “VVA Guide to Vocational
22 Rehabilitation”, “VVA Guide to Veterans Entrepreneurship”, “VVA Guide to
23 PTSD” and information on Women in Service Issues and Homeless Veterans
24 programs.

WOMEN VETERANS

WV-2

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

Amend by striking the words with the ~~striketrough~~ and inserting the **bold**
underlined words starting at line number 17 and 26

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

Amended in 2007

Amended and renumbered in 2011 as WV-2

Amended in 2013 as WV-2

Amended in 2015

1 **Issue:** Since 1982, Vietnam Veterans of America has been a leader in advocacy and
2 championing appropriate and quality health care for all women veterans. The

3 Department of Veterans Affairs (DVA) has made many innovations, improvements
4 and advancements over the past thirty years. However, some concerns remain
5 respective of its policies, care, treatment, delivery mode, and monitoring of services
6 to women veterans.

7 **Background:** DVA eligible women veterans are entitled to complete health care
8 including care for gender specific illnesses, injuries and diseases. The DVA has
9 become increasingly more sensitive and responsive to the needs of women veterans
10 and many improvements have been made. Unfortunately, these changes and
11 improvements have not been completely implemented throughout the entire system.

12 In some locations, women veterans experience barriers to adequate health care and
13 oversight with accountability is lacking. Primary care is fragmented for women
14 veterans. What would be routine primary care in the community is referred out to
15 specialty clinics in the VA. One third of VA Medical Centers (VAMC) do not have
16 a gynecologist on staff. The number of women veterans using VHA has risen 80%
17 in the last decade. ~~In FY12, roughly 19% of the women veterans served in~~

18 ~~OEF/OIF/OND~~ **Women make up nearly 11.6% of OEF/OIF/OND veterans.**

19 **57% of women OEF//OIF/OND veterans have received VA health care.** The
20 average age of women veterans using the VA is 48.

21 **Resolved, That:** Vietnam Veterans of America will continue its advocacy to secure
22 appropriate facilities and resources for the diagnosis, care and treatment of women

23 veterans at all DVA hospitals, clinics, and Vet Centers. We ask the Secretary to
24 ensure senior leadership at all facilities and Veteran Integrated Service Networks
25 (VISN) be held accountable for ensuring women veterans receive appropriate care
26 in an appropriate environment. **We ask that each VISN have a woman veteran**
27 **collaborating with each meeting.** Further, we seek that the Secretary ensures:

- 28 • **Streamline eligibility and receipt of information to access health care**
29 **services for first time users.**
- 30 • **The review of the “sense of mistrust” in developing strategies for**
31 **recruiting women veterans.**
- 32 • **Organization of clear and understandable billing rates for first time**
33 **users.**
- 34 • The competency **and courtesy** of staff who work with women in providing
35 gender-specific health care.
- 36 • That women veterans are provided women's health care in a timely and
37 geographically accessible way.
- 38 • That VA provides reproductive health care **expands to ensure complete**
39 **infertility workups and fertility solutions.**
- 40 • That appropriate training regarding issues pertinent to women veterans is
41 provided.
- 42 • That there is the creation of an environment in which staff are sensitive to the

43 needs of women veterans; that this environment meets the women's needs for
44 privacy, safety, and emotional and physical comfort in all venues.

45 • Those privacy policy standards are met for all patients at all VHA locations
46 and the security of all Veterans is ensured.

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

50 • That the satisfaction assessments **be available after each provider visit.** ~~and~~
51 a **All** clinical performance measures and monitors that are not gender-specific
52 be examined and reported by gender **and race** to detect any differences in the
53 quality of care.

54 • That the Assistant Deputy Under Secretary for Health for Quality, Safety, and
55 Value report any significant differences and forward the findings to the Under
56 Secretary for Health, Under Secretary for Operations and Management, the
57 VISN directors and chiefs of staff, and the Women's Health Services Office.

58 • That every woman veteran has access to a VA primary care provider who
59 meets all her primary care needs, including gender-specific and mental health
60 care in the context of an ongoing patient-clinician relationship. That the
61 general mental health care providers are located within the women's and
62 primary care clinics in order to facilitate the delivery of mental health services.

- 63 • That sexual trauma care is **easily and** readily available to all veterans who
64 need it and that VA ensure those providing this care and treatment have
65 appropriate qualifications obtained through course work, training and/or
66 clinical experience specific to MST or sexual trauma.
- 67 • That an evaluation of all gender specific sexual trauma intensive treatment
68 residential programs be made to determine if this level is adequate as related
69 to level of need for each gender.
- 70 • The Vet Centers are able to adequately provide services to women veterans.
- 71 • That a plan is developed for the identification, development and dissemination
72 of evidence-based treatments for PTSD and other co-occurring conditions
73 attributed to combat or combat related exposure or sexual trauma.
- 74 • Those women veterans, upon their request, **do** have access to female mental
75 health professions, and if necessary, use ~~fee-basis~~ **Choice card** to meet the
76 women veteran's needs.
- 77 • **Women veteran mental health groups be created in every CBOC.**
- 78 • That all Community Based Outpatient Clinics (CBOC) which do not provide
79 gender-specific care arrange for such care through ~~fee-basis~~ **Choice card** or
80 contract in compliance with established access standards.
- 81 • Evidenced based holistic programs for women's health, mental health and
82 rehabilitation are available **in all VA Hospitals and CBOCs** to ensure the full

- 83 continuum of care.
- 84 • The Women's Health Service aggressively seeks to determine root causes for
- 85 any differences in quality measures and report these to the Deputy Under
- 86 Secretary for Health, Deputy Under Secretary for Health Operations and
- 87 Management, the VISN directors, facility directors and COS, and providers.
- 88 And furthermore: Vietnam Veterans of America will seek legislation:
- 89 • For a permanent VA Readjustment Counseling Service's Women Veterans
- 90 Retreat Program.
- 91 • To ensure that neonatal care is provided for up to 30 days as needed for the
- 92 newborn children of women veterans receiving maternity/delivery care
- 93 through the VA.

WV-3

SUPPORT FOR WOMEN VETERANS

Amend by inserting the **bold underlined** words starting at line number 19 and 27

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

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

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

16 caps were lifted, more women enlisted in the military.

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

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

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

WV-5

WOMEN VETERANS RESEARCH

Amend by striking the words with the ~~striketrough~~ and inserting the **bold**
underlined words starting at line number 16

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

- 1 **Issue:** Specific issues pertinent to women veterans must be adequately researched.
- 2 **Background:** Because women veterans have historically been a small percentage of
- 3 the veteran population, many issues specific to women veterans have not been
- 4 researched. General studies of veterans often had insufficient numbers of women
- 5 veterans to detect differences between male and female veterans and/or results were
- 6 not reported by gender. Today, however, women are projected to be more than 11%
- 7 of the veteran population by 2020 and 12% by 2025.
- 8 **Resolved, That:** Vietnam Veterans of America asks the Secretary of Veterans
- 9 Affairs to conduct several studies specific to women veterans and that Congress pass
- 10 legislation to mandate such studies if the Secretary does not act:
- 11
 - A comprehensive assessment of the barriers to and root causes of disparities
 - 12 in provision of comprehensive medical, mental health, and residential

- 13 treatment care by DVA for women veterans.
- 14 • A comprehensive assessment of the capacity and ability of women veterans'
- 15 health programs in VA, including Compensation and Pension examinations,
- 16 **equality in Compensation and Pension ratings, and** to meet the needs of
- 17 women veterans. (GAO: March 2010: VHA)
- 18 • A comprehensive study on the relationship of toxic exposures during military
- 19 training and service on infertility rates of veterans.
- 20 • A **continued** comprehensive evaluation of suicide among women veterans,
- 21 including rates of both attempted and completed suicides, and risk factors,
- 22 including co- morbid diagnoses, history of sexual trauma, **harassment,**
- 23 unemployment, deployments, and homelessness.
- 24 • VA should ~~evaluate the effectiveness~~ **continue to expand the use** of a central
- 25 directory and mobile apps for services and programs. The VA, DOD, and even
- 26 local community programs should work together to create and evaluate
- 27 programs to assist in the support for these women veterans.
- 28 • **VA should utilize local media to promote the availability of women**
- 29 **veterans' programs.**

WV-6

WOMEN VETERANS AND VETERANS BENEFITS

Amend by inserting the **bold underlined** words starting at line number 26 and 49

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

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

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

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

- 9 • That the leadership in all VA Regional Offices (VARO) are cognizant of and
10 kept current on women veterans' issues; that they provide and conduct
11 aggressive and pro-active outreach activities to women veterans and; that
12 VBA leadership ensures oversight of these activities.
- 13 • That a national structure be developed within VBA for the Women Veteran

- 14 Coordinator (WVC) positions, located at each VARO.
- 15 • That VBA develop a clear definition to the job description of the WVC and
16 implement it as a full-time position with defined performance measures.
 - 17 • That VBA identify a subject matter expert on gender specific claims as a
18 resource person in each regional office location.
 - 19 • That the WVC is utilized to identify training needs and coordinate workshops.
 - 20 • That the WVC have a presence in the local VHA system.
 - 21 • That VBA ensure that all Regional Offices display information on the services
22 and assistance provided by the Women Veteran Coordinator with clear
23 designation of her contact information and office location.
 - 24 • That VBA establish a method to identify and track outcomes for all claims
25 involving personal assault trauma, regardless of the resulting disability, such
26 as PTSD, depression or anxiety disorder. **These outcomes are reported to**
27 **the Director of the VA.**
 - 28 • That VBA perform an analysis and publish the data on Military Sexual
29 Trauma (MST) claims volume, the disparity in the claims ratings by gender,
30 assess the consistency of how these claims are adjudicated, and determine if
31 increased training and testing is needed in this regard.
 - 32 • That all claim adjudicators who process claims for gender-specific conditions
33 and claims involving personal assault trauma receive mandatory initial and

34 regular on-going training necessary to be competent to evaluate such claims.

35 • That the VARO create an environment in which staff are sensitive to the needs
36 of women veterans, and the environment meets the women's needs for
37 privacy, safety, and emotional and physical comfort.

38 • That the National Cemetery Administration enhances its targeted outreach
39 efforts in those areas where burial benefits usage by women veterans does not
40 reflect the women veterans' population. This may include collaboration with
41 VBA and VI-IA in seeking means to proactively provide burial benefits
42 information to women veterans, their spouses and children, and to funeral
43 directors.

44 And further: VVA further supports;

45 • VA evaluation of the efficacy of coordination of federal, state, and local
46 women veterans' programs.

47 • VA supporting legislation to establish childcare services as a permanent
48 program.

49 • **VA establish a functional transition program with DoD for newly**
50 **released military. Current program does not address information**
51 **referrals for women resources adequately.**

WV-7

WOMEN VETERAN PROGRAM MANAGERS

Amend by inserting the **bold underlined** words starting at line number 22

History:

First adopted in 2013 as WV- 7

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

3 **Background:** Women Veteran advocates call for Congressional oversight and
4 accountability during this congress. We are weary of hearing that the position of
5 facility Women Veteran Program Managers would be full time positions, while in
6 reality, after all this time, this isn't necessarily true. As a system wide directive the
7 VA 2010, Handbook 1330.01, Health Care Services for Women Veterans defines
8 the responsibilities of both the VA Veterans Integrated Service Network (VISN)
9 Director and the Medical Center (VAMC) Director and its enforcement demands
10 this attention. Additionally, both WVPM positions are further defined in the VA
11 2012, Handbook 1330.02 Women Veteran Program Managers.

12 **Resolved, That;** Vietnam Veterans of America calls for Congressional oversight
13 and accountability of all VA medical center and VISN Directors' compliance with
14 measures defined in the VA's 2010 Handbook 1330.01 and VA Handbook
15 1330.02 Health Care Services for Women Veterans as it relates to the position of

16 Women Veteran Program Managers (WVPM).

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

WV-8 MILITARY SEXUAL TRAUMA (MST)

Amend by striking the words with the ~~strike through~~ and inserting the **bold**
underlined words starting at line number 9

History:

First adopted in 2013 as WV-8

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

6 **Background:** According to DoD Sexual Assault Prevention and Response Office

7 (SAPRO), the majority of MST (71%) are under 24 years old and of lower ranks;
8 whereas the majority of assailants (59%.5) are between 20 and 34 years old and of a
9 higher rank than the survivor. ~~Military groups are extremely small communities~~
10 ~~and when reports of assault must proceed through the chain of command, it is~~
11 ~~impossible to guarantee that confidential information will stay with those who~~
12 ~~have a 'need to know'.~~ Additionally, sSurvivors may fear that their own actions
13 may be cause for punishment. The Threat of retaliation or fear of being reprimanded
14 **or disruption of their career** is enough to silence many survivors or have them
15 recant their stories. ~~A defined system of checks and balances is needed to level~~
16 ~~the playing field.~~ **SAPRO report of 2015 showed that the majority of reporters**
17 **of SA were still subjected to harassment and abusive behaviors. Sexual Assault**
18 **and Prevention Response Office (SAPRO) has developed a Retaliation**
19 **Prevention and Response Strategy FY2016.**
20 **Resolved, That:** VVA will pursue legislation that reassigns complaints of military
21 sexual trauma by service members and all alleged perpetrators outside of their
22 immediate chain of command.

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

WV- 10

TRAVEL FOR VHA TREATMENT

Amend by inserting the **bold underlined** word at line number 16

History:

First adopted in 2013 as WV-10

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

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

14 **Resolved, That:** Vietnam Veterans of America calls on the Under Secretary for
15 Health to review and reexamine existing VHA policy pertaining to the authorization

16 of travel for veterans, who have been referred by their mental health clinician, to VA
17 MST-related specialized inpatient intensive residential treatment programs outside
18 the facilities VISNs where they are enrolled. Additionally, VVA calls for the
19 provision of these travel funds whether the Veteran is an in-patient or an outpatient;
20 also, that all medical center clinical staff are advised and fully understand the
21 implementation of this policy.

2017 RETIRED COMMITTEE CONVENTION RESOLUTIONS

Agent Orange Committee: None

Economic Opportunity Committee: None

Government Affairs Committee: None

Membership Affairs Committee: None

Minority Affairs Committee: MA-11 U.S. Montagnard Veterans

POW/MIA/Veterans Initiative Committee: None

Public Affairs Committee: None

Veteran Benefits Committee: VB-19 Veterans Environmental Health Effects

Veterans Incarcerated Committee: None

PTSD/Substance Abuse Committee: None

Women Veterans Committee: WV-11- VA Women Veterans Strategic Plan

Health Care Committee: HC-5 Prostate Cancer Research and Treatment

Homeless Veterans Committee: None