



2021-2022 LEGISLATIVE PROGRAM

DAV[®]
KEEPING OUR PROMISE TO
AMERICA'S VETERANS

PROLOGUE

Have you ever thrown up your hands in frustration and cried, “There ought to be a law”? Many of us have had this feeling but question what we can do. Many citizens who were part of America’s 13 original colonies felt this after repeatedly suffering severe taxation. In part, this led to the American Revolution and the birth of our nation. Our Founding Fathers knew the governed in a democratic nation need the freedom to express their differences and expect to have their grievances rectified.

As stated in the First Amendment, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.” In other words, DAV members, united in purpose and acting in concert, can petition our government through a DAV-adopted resolution.

A DAV resolution seeks legislative or policy changes that DAV members feel to be in the best interests of America’s ill and injured veterans, their families and their survivors. All adopted resolutions must be consistent with our mission and Statement of Policy.

IMPORTANCE OF DAV RESOLUTIONS

Our constitution and bylaws note DAV cannot speak for or against any policy or legislation unless there is an adopted DAV resolution that supports that position. As you can see, our resolutions are vital to DAV’s legislative program, which is made up exclusively of resolutions adopted each year at our national convention.

Whenever our national representatives appear before Congress, their written and oral testimonies are guided by DAV resolutions. All DAV CAN (Commander’s Action Network) legislative alerts are based on our resolutions. In general, without a resolution, DAV cannot fight for critical issues facing ill and injured veterans, their families and their survivors. Herein lies the true importance of DAV resolutions.

IMPACT OF DAV RESOLUTIONS

DAV has a long history of championing significant legislative changes and new laws that originated from our resolutions. Without these resolutions, DAV would not have been able to support and lobby for the enactment of such historic legislation as the Bonus Bill in 1932, the Servicemen’s Readjustment Act in 1944, the Agent Orange Act in 1991, the Caregivers Act in 2008, the VA MISSION Act in 2016 and the Blue Water Navy Vietnam Veterans Act in 2019.

Our resolutions not only allow us to support legislation but also oppose legislation harmful to ill and injured veterans and their families. For example, in 1976, DAV was able to successfully defeat a serious threat to veterans’ preference in federal employment, and in 2017, DAV, with our fellow veterans service organizations, was able to eliminate an effort to restrict Individual Unemployability benefits based on age. Your voice and active engagement in the resolution and legislative process is essential to DAV’s success on our advocacy efforts.

DAV RESOLUTION PROCESS

Now that we have established what a DAV resolution is, why they are important and how they impact legislation and law, let's discuss the resolution process, which starts with you and ends at the annual national convention. Per our national constitution and bylaws, the supreme legislative powers of the national organization lie with the national convention, which is where we adopt our annual resolutions and thus create our national legislative program.

Essentially, there are two different types of resolutions you can introduce: local or state-level resolutions or federal national-level resolutions. A local or state-level resolution deals with issues controlled by your local government or state legislature, such as property tax exemptions, hunting/fishing licenses, disabled veteran license plates, or reduced tolls or express passes for disabled veterans.

A federal national-level resolution is one that relates to federal programs under the jurisdiction of the United States government or Congress, such as the Department of Veterans Affairs (VA). Federal national-level resolutions may include VA compensation and benefits, education and employment, health care and medical centers, and national cemeteries.

All members have a voice in DAV and can introduce a resolution through their local chapter. Many chapters have established resolution committees based on their constitution and bylaws or a committee appointed by the chapter commander. The committee will consider submitted resolutions and can introduce its own resolutions. The committee will vote on the resolutions and make recommendations to the chapter. The chapter body will vote on the resolutions presented. All resolutions adopted by the chapter will be presented to their respective state-level DAV department. Chapters need to be cognizant of any time requirements or deadlines for submission of resolutions to their department.

Generally, each department considers resolutions at its convention. Again, depending on the department's constitution and bylaws, it will either have standing convention resolution committees or resolution committees created by the department commander. The committee will consider chapter-approved resolutions and any of its own resolutions. Important to note, departments may write resolutions for their convention to consider.

The department resolution committee will vote on the resolutions and make recommendations to the department convention. The convention body will then vote on all resolutions presented. All local state-level approved resolutions adopted by the department convention will stay within the department. State resolutions should not be submitted to the national adjutant. All federal national-level approved resolutions must be submitted to the national adjutant and received at least 14 days before the start of the national convention in order to be considered.

Upon receipt of approved resolutions, the national legislative director will assign the resolutions to one of five national convention resolution committees for consideration at the national convention. However, DAV's annual legislative program is composed of resolutions adopted by the convention from only four of the five resolution committees. Those committees are:

- Committee on General Resolutions and Membership
- Committee on Legislation and Veterans Rights
- Committee on Employment
- Committee on Hospital and Voluntary Services

Each convention committee is composed of a primary or an alternate delegate from each national district. These selections are made by each district. The national commander appoints

two advisers to each committee to assist the committee and provide expertise on issues brought forth in the resolutions. The national resolution committees meet at before national convention to discuss, consider and vote on each resolution received. Each committee chair will then report the recommended resolutions to the convention floor. Finally, the convention body will vote to adopt those resolutions recommended by the convention committee.

Once resolutions are adopted at the national convention, per our constitution and bylaws, they are only in effect until the next national convention. If these resolutions are not adopted by the next convention, all ongoing work on legislation or policy must stop even though the issue remains unresolved. Thus, we encourage chapters and departments to approve and resubmit all previously adopted resolutions for consideration at the national convention each year.

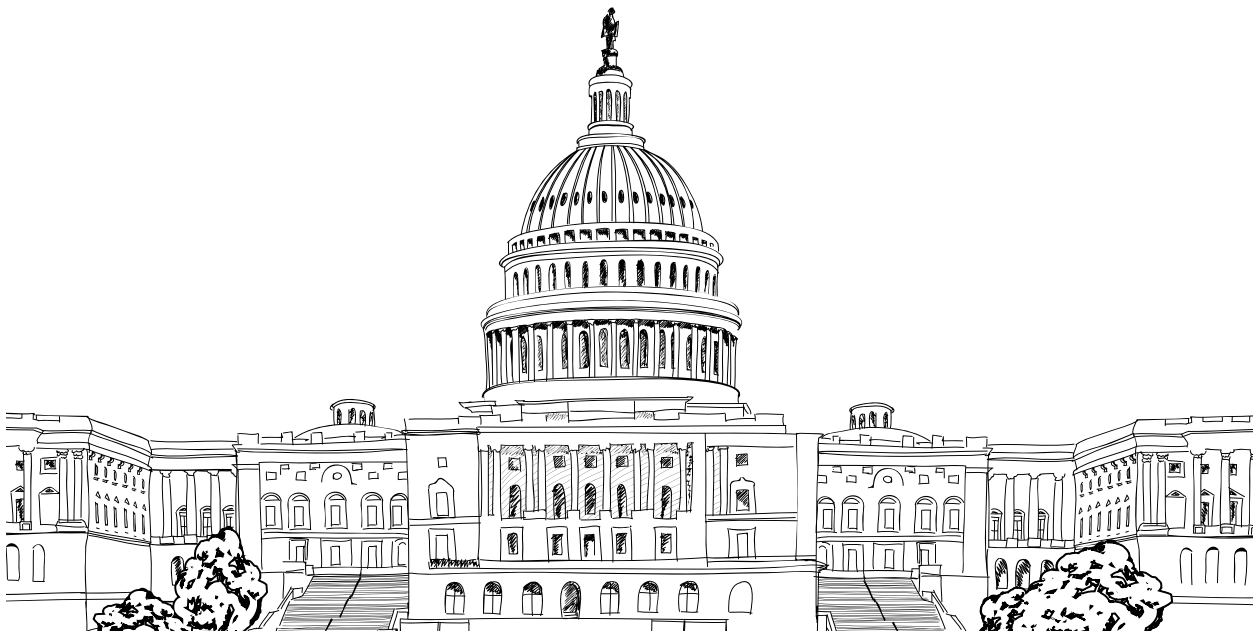
CONCLUSION

As noted above, we have explored the many parts and facets of a DAV resolution, their importance, their impact and their process.

Our resolutions are vital to DAV's legislative program, which is made up exclusively of resolutions adopted each year at our national convention. Therefore, each DAV member, chapter and department should ensure that resolutions are written or reintroduced and submitted each year. Without a resolution, DAV cannot advocate for critical issues facing ill and injured veterans, their families and their survivors. As DAV members, we have a responsibility to enable our organization to continue the fight and keep our promises to America's veterans.

This legislative program you are about to read contains the resolutions adopted at our most recent national convention. These resolutions are the product of a DAV member somewhere asserting "there ought to be a law." We need you to add your voice to DAV and be actively engaged in the resolution and legislative process. Our fellow veterans and their families are counting on us.

We have created several resources for resolution writing and on the resolution process, which can be found at dav.org/learn-more/legislation/legislative-resources. If you have questions or need assistance, please reach out to the national legislative staff. Your voice can make a difference!



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DAV STATEMENT OF POLICY

The Disabled American Veterans was founded on the principle that this nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled. This principle envisions:

1. High-quality hospital and medical care provided by the Department of Veterans Affairs for veterans with disabilities incurred in or aggravated by service in America's armed forces.
2. Adequate compensation for the loss resulting from such service-connected disabilities.
3. Vocational rehabilitation and/or education to help the disabled veteran prepare for and obtain gainful employment.
4. Enhanced opportunities for employment and preferential job placement so that the remaining ability of the disabled veteran is used productively.
5. Adequate compensation to the surviving spouses and dependents of veterans whose deaths are held to be service-connected under laws administered by the Department of Veterans Affairs.
6. Enhanced outreach to ensure that all disabled veterans receive all benefits they have earned and that the American people understand and respect the needs these veterans encounter as a result of their disabilities.

It therefore follows that we will not take action on any resolution that proposes legislation designed to provide benefits for veterans, their surviving spouses and dependents which are based upon other than wartime service-connected disability.

We shall not oppose legislation beneficial to those veterans not classified as service-connected disabled, except when it is evident that such legislation will jeopardize benefits for service-connected disabled veterans.

While our first duty as an organization is to assist the service-connected disabled, their surviving spouses and dependents, we shall within the limits of our resources assist others in filing, perfecting and prosecuting their claims for benefits.

Since this represents the principle upon which our organization was founded and since it is as sound at this time as it was in 1920, we hereby reaffirm this principle as the policy for the Disabled American Veterans.

§ § §

Legislation and Veterans' Rights

RESOLUTION NO. 001

**INCREASE THE GRANT AND SPECIALLY ADAPTIVE EQUIPMENT
REIMBURSEMENT RATES FOR AUTOMOBILES AND OTHER CONVEYANCES
TO CERTAIN DISABLED VETERANS, AND AUTHORIZE REIMBURSEMENT
FOR NEW ADAPTIVE EQUIPMENT TECHNOLOGIES**

WHEREAS, the Department of Veterans Affairs (VA) provides grants to assist eligible disabled veterans and military service members in purchasing specially equipped automobiles or other conveyances; and

WHEREAS, when originally established, the grant was set at an amount sufficient to cover the average retail cost of automobiles; and

WHEREAS, later adjustments elevated grants to amounts representing 80% of the average cost of automobiles; and

WHEREAS, the amount of the automobile allowance has not been further adjusted concurrent with increases in costs of automobiles, resulting in substantial erosion of the value of the benefit due to inflation; and

WHEREAS, the current grant level constitutes about 66% of the total average retail price of automobiles; and

WHEREAS, the VA also provides reimbursement for special adaptive equipment, but the rates of reimbursement have not kept pace with present-day costs to repair or replace such equipment; and

WHEREAS, advances in new automobile technologies, such as collision warning systems, electronic stability control, backup cameras and GPS, would enable disabled veterans to more safely operate vehicles; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to increase the automobile grant level to an amount representing 80% of the average cost of new automobiles; AND

BE IT FURTHER RESOLVED that DAV supports legislation and policies that would increase the rates of reimbursement for repairs and replacement of specially adaptive equipment for automobiles and other conveyances consistent with present-day costs; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and the VA to support legislation and policies that would expand the items approved for reimbursement, such as collision warning systems, electronic stability control, backup cameras, GPS and other available safety technologies.

§ § §

RESOLUTION NO. 002

SUPPORT LEGISLATION TO IMPROVE THE DEPARTMENT OF VETERANS AFFAIRS FIDUCIARY PROGRAM

WHEREAS, the Department of Veterans Affairs (VA) Fiduciary Program was established to protect veterans and other beneficiaries who, due to injury, disease or age, are unable to manage their own financial affairs; and

WHEREAS, a VA payee, referred to by the VA as a VA fiduciary, is a paid position held by an individual or organization appointed to manage a veteran's VA benefit payments when a veteran is deemed to be financially incompetent by a court or by the VA; and

WHEREAS, the VA Fiduciary Program has been rife with fraud stemming from fiduciaries funneling money and assets from vulnerable veterans; and

WHEREAS, the VA Office of Inspector General (OIG) found that the Eastern Area Fiduciary Hub (EAFH), located in Indianapolis, did not properly investigate most complaints against fiduciaries, and of the 12 determinations that were made by EAFH, almost \$1 million had been stolen from veterans, which means that the total dollar amount of misuse and potential fraud was likely well over \$1 million had the VA properly investigated the matter—other OIG investigations have uncovered millions more missing from veteran accounts in other hubs; and

WHEREAS, part of the problem is a lack of oversight; some of the VA-appointed fiduciaries have criminal records but were still approved; and

WHEREAS, OIG investigations also found that the required audits of the fiduciaries were not being done by the VA, and this allowed the thefts to continue for years; and

WHEREAS, in some cases the VA doesn't tell the veteran that they appointed a fiduciary and emptied the bank accounts of the veteran; and

WHEREAS, in some cases VA employees (unlawfully) gave VA fiduciaries permission to sell the veteran's home and unlawfully took the Social Security payments of the veteran's wife and gave those to the VA fiduciary; and

WHEREAS, in some cases the veteran called the VA to report the financial abuse but was denied help by VA employees, because the vulnerable veteran could not provide "proof" of the abuse; and

WHEREAS, formal complaints filed with the VA OIG about VA Fiduciary Program employees (i.e., field examiners and designated fraud investigators) are being denied because the VA OIG no longer investigates complaints filed against the VA Fiduciary Program; rather, veterans are being redirected to the applicable fiduciary hub suspected of malfeasance so the VA Fiduciary Program at that fiduciary hub can investigate itself for malfeasance; and

WHEREAS, vulnerable veterans are being wronged by both malfeasance of the VA fiduciary and the institutional incompetence of the VA Fiduciary Program; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation and changes to applicable regulations that require the VA to improve the VA Fiduciary Program by creating a better monitoring system; a timely dispute resolution system when beneficiaries make complaints; initiate investigations based on suspected reports of fiduciary fraud rather than putting the burden of proof on the vulnerable veteran; and make an outside agency, such as the VA OIG, responsible for investigating complaints of VA employees who work in the VA Fiduciary Program and fiduciary hubs.

§ § §

RESOLUTION NO. 003

SUPPORT LEGISLATION AUTHORIZING PRESUMPTIVE SERVICE CONNECTION FOR CERTAIN DISEASES BASED ON HERBICIDE EXPOSURE OF MILITARY PERSONNEL WHO SERVED AT AIR BASES IN THAILAND DURING THE VIETNAM WAR

WHEREAS, American military personnel stationed at air and army bases in Thailand from January 9, 1962, to June 30, 1976, were exposed to herbicides; and

WHEREAS, the Department of Veterans Affairs (VA) currently acknowledges certain personnel as having been exposed to herbicides who performed duties on the perimeters of these bases; and

WHEREAS, veterans who file claims related to their proximity to base perimeters are challenged to prove that they in fact performed duties resulting in exposure; and

WHEREAS, most personnel assigned to bases in Thailand were quartered in open-air barracks near perimeters where herbicides were habitually sprayed by the United States government; and

WHEREAS, the VA already presumes exposure to herbicide agents for any veteran who served in Vietnam, including some veterans who served in Vietnam's inland waterways; and

WHEREAS, spraying of herbicide agents along air base perimeters in Thailand would affect not only the service members who were assigned perimeter duties but also other personnel stationed at these locations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress to support legislation to provide presumptive service connection for illnesses and diseases related to herbicide exposure in veterans who were stationed at bases in Thailand from January 9, 1962, to June 30, 1976.

§ § §

RESOLUTION NO. 004

**SUPPORT LEGISLATION PROVIDING THAT SPECIAL SEPARATION
BENEFIT PAYMENTS NOT BE WITHHELD FROM DEPARTMENT OF
VETERANS AFFAIRS DISABILITY COMPENSATION PAYMENTS**

WHEREAS, as a result of the downsizing of our military forces, many career military personnel have left service prior to becoming eligible for longevity retirement pay; and

WHEREAS, these individuals are entitled to separation pay; and

WHEREAS, many of these individuals also become eligible for Department of Veterans Affairs (VA) disability compensation; and

WHEREAS, a VA General Counsel opinion held that any funds received as a result of the Special Separation Benefit (SSB) must be recouped from any VA disability compensation payment; and

WHEREAS, SSB payments are in no way related to a disability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to clarify that SSB payments are not disability payments and therefore should not be recouped from VA disability compensation payments.

§ § §

RESOLUTION NO. 013

**OPPOSE ANY RECOMMENDATION BY ANY COMMISSION OR OTHER SOURCE
TO REDUCE OR ELIMINATE BENEFITS FOR DISABLED VETERANS**

WHEREAS, American citizens owe their freedoms and way of life to disabled veterans who made extraordinary personal sacrifices and who suffer lifelong disabilities as a consequence; and

WHEREAS, those who serve in our armed forces stand ready to endure any hardships and to be exposed to any hazards on behalf of their country and our citizens; and

WHEREAS, our government did not hesitate in asking them to give life or limb if necessary; and

WHEREAS, our elected officials surely should not renege on our reciprocal obligation when our disabled veterans ask for so comparatively little in return; and

WHEREAS, we, as a nation, owe no more important indebtedness nor greater moral obligation than the indebtedness and obligation we have to disabled veterans; and

WHEREAS, some elected officials nonetheless prefer to minimize or ignore the suffering of disabled veterans, despite this debt and this national responsibility; and

WHEREAS, any effort on the part of legislators to find ways to avoid compensating disabled veterans, especially in time of war, is unconscionable; and

WHEREAS, honorable and great nations of conscience do not abandon their wounded, injured or ill wartime veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, reminds our elected officials of our undebatable responsibility to fairly and fully compensate veterans for all the effects of disabilities incurred or aggravated in the line of duty as provided for in the equitable standards of current law and regulations; AND

BE IT FURTHER RESOLVED that DAV vigorously opposes any recommendations made for the purpose of reducing, adding limitations on or eliminating benefits for service-connected disabled veterans and their families.

§ § §

RESOLUTION NO. 014

OPPOSE ALL ATTEMPTS TO CHANGE THE BASIS OF THE DEPARTMENT OF VETERANS AFFAIRS RATING SCHEDULE FROM THE “AVERAGE IMPAIRMENTS OF EARNINGS CAPACITY” STANDARD

WHEREAS, the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD) requires that “ratings shall be based, as far as practicable, upon the average impairments of earning capacity,” as stated in section 1155, title 38, United States Code; and

WHEREAS, the standard of “average impairments of earning capacity” was first adopted under the War Risk Insurance Act of 1917, and except for a short-lived alteration between 1924 and 1933 attempting to reflect individual occupational factors, this philosophy has formed the basis for determining levels of veterans disability compensation for over a century; and

WHEREAS, the current VASRD has been updated, revised and modified numerous times to reflect advances in medical knowledge, diagnosis, treatment and technology for injuries, illnesses and disabilities related to military service, but the standard of average impairments of earnings capacity has remained unchanged due to its practicality, equity and fairness to disabled veterans; and

WHEREAS, determining rating levels based on the average impairments of earning capacity ensures that veterans who have similar manifestations of the same disabilities are treated equally and fairly without consideration of their age, education, work experience or current work status; and

WHEREAS, by basing the VASRD on the average impairments of earnings capacity, rather than on individual measurements of earnings loss or functionality, disabled veterans are actually encouraged to seek vocational rehabilitation training in order to find jobs and become more productive wage earners without fear of being penalized for doing so; and

WHEREAS, the VA is currently updating the entire VASRD and has committed to update each body of the section of the VASRD every five years, and throughout this process numerous proposals have been made, and will be considered, to alter the VASRD; and

WHEREAS, any attempt to replace average impairment of earnings capacity with a new standard based on individual earnings loss or measurements of functionality would dramatically alter the purpose and effectiveness of the VA disability compensation program, create disincentives for veterans interested in rehabilitation and work, and lead to reductions in compensation for millions of disabled veterans; and

WHEREAS, any attempt to eliminate all consideration of impairments and impacts outside of the workplace fails to properly recognize that disability affects a veteran’s entire life—including social, marital, familial, emotional and spiritual aspects—all of which have some effect on their earnings capacity; and

WHEREAS, any attempt to model the VA disability compensation program on the Social Security Disability Insurance or workers’ compensation programs fails to recognize that those programs have separate purposes based on injuries and illnesses incurred in the civilian workplace that do not compare with the unique challenges faced and sacrifices made by veterans who have served in our armed forces; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any attempt to change or modify the VASRD, or the statute and regulations underlying it, which would change the long-standing, accepted and successful policy that ratings shall be based, as far as practicable, upon the average impairments of earning capacity.

§ § §

RESOLUTION NO. 032

**SUPPORT LEGISLATION TO REMOVE THE PROHIBITION AGAINST
CONCURRENT RECEIPT OF MILITARY RETIRED PAY AND VETERANS
DISABILITY COMPENSATION FOR ALL LONGEVITY RETIRED VETERANS**

WHEREAS, current law provides that service-connected veterans rated less than 50% disabled who retire from the armed forces based on length of service do not receive disability compensation from the Department of Veterans Affairs (VA) in addition to full military retired pay; and

WHEREAS, proposed changes to military retirement plans and changes to the definition of longevity retired veterans by the Department of Defense could affect the veterans with service-connected disabilities; and

WHEREAS, these disabled veterans must therefore surrender retired pay in an amount equal to the disability compensation they receive; and

WHEREAS, this offset is unfair to veterans who have served faithfully in military careers inasmuch as these veterans have earned their retired pay by virtue of their long service to the nation and wholly apart from disabilities due to military service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to repeal the offset between military longevity retired pay and VA disability compensation.

§ § §

RESOLUTION NO. 033

**SUPPORT LEGISLATION TO PROVIDE A TEMPORARY TOTAL DISABILITY
COMPENSATION RATING FOR AN AMPUTEE VETERAN WHILE A
NEW PROSTHETIC DEVICE IS DEVELOPED AND DELIVERED**

WHEREAS, four to six weeks are required to manufacture a prosthetic device; and

WHEREAS, the veteran amputee without an artificial limb can be incapacitated and unable to obtain or retain gainful employment; and

WHEREAS, the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD) does not contain any provision for temporary total disability rating for a service-disabled veteran amputee during the period of waiting for delivery of a new prosthetic limb; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to amend the VASRD to provide a temporary total rating for a service-connected veteran amputee during the period required to replace a prosthetic device.

§ § §

RESOLUTION NO. 034

**SUPPORT INTEREST PAYMENTS FOR DEPARTMENT OF VETERANS
AFFAIRS RETROACTIVE AWARDS OF ONE YEAR OR MORE**

WHEREAS, Department of Veterans Affairs (VA) claimants are often denied timely receipt of their rightfully earned benefits due to prolonged bureaucratic delay in the VA adjudication process and/or through clear and unmistakable error on the part of VA rating board authorities; and

WHEREAS, under current law and regulation, VA claimants who incur indebtedness to the United States government, in addition to the principal amount of such indebtedness, are assessed and must pay interest charges; and

WHEREAS, in 1982, Congress enacted the Prompt Payment Act, Public Law 97-177, to require federal agencies to pay their bills to outside vendors on a timely basis or pay interest penalties to the outside vendors when payments are made late; and

WHEREAS, VA claimants who are denied timely receipt of their rightfully earned benefits do not receive interest payments from the government and therefore incur a loss of income, which could have been avoided had they received their earned benefits in a timely fashion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks the enactment of legislation that would require the VA to pay interest on all retroactive benefit awards in excess of one year after these claims are filed.

§ § §

RESOLUTION NO. 035

**SUPPORT LEGISLATION TO PROVIDE FOR PRESUMPTIVE SERVICE
CONNECTION FOR TINNITUS AND HEARING LOSS**

WHEREAS, veterans of the armed services who served in combat or in certain occupational specialties have a high incidence of hearing loss or tinnitus as a direct result of acoustic trauma; and

WHEREAS, many pre-service and discharge examinations, particularly for World War II and Korean conflict veterans, were usually accomplished with the highly inaccurate “whispered voice” test; and

WHEREAS, veterans, in those cases, were not afforded a comprehensive audiological examination upon entrance and discharge from military service; and

WHEREAS, in recent years, the second-leading disability-granted service connection by the Department of Veterans Affairs was for hearing loss or tinnitus, which recognizes the high incidence of acoustic trauma by veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports entitlement to service connection on a presumptive basis for any veteran suffering from hearing loss or tinnitus which manifests itself to any degree and the evidence shows the veteran participated in combat or worked in a position or military occupational specialty likely to cause acoustic trauma.

§ § §

RESOLUTION NO. 036

SUPPORT MEANINGFUL CLAIMS AND APPEALS PROCESSING REFORM

WHEREAS, Congress has created a system for the administration of veterans benefits and services; the Veterans Benefits Administration (VBA) is responsible for processing veterans' claims and appeals for myriad benefits and services; and

WHEREAS, the number of claims filed and appeals each year is growing, the complexity of claims and appeals filed is increasing, the backlog of non-rating claims and appeals pending is too large, and the accuracy of claims must continue to be approved; and

WHEREAS, VBA's primary emphasis of reducing the disability claims backlog resulted in less attention to other work that led to significant increases in non-rating-related claims and a rising backlog of appeals; and

WHEREAS, VBA has reached out to veterans service organizations accredited to represent veterans in the claims process for assistance in reforming its claims processing system, particularly DAV because of our experience and success in representing more than 300,000 veterans each year; and

WHEREAS, VBA has made measurable progress in reducing the number of disability claims pending in the backlog (defined as those pending more than 125 days), while also improving accuracy; and

WHEREAS, in 2016, DAV joined with VBA, the Board of Veterans' Appeals (Board) and other stakeholders to develop a new framework to reform and modernize how the Department of Veterans Affairs (VA) processes appeals that includes several appeal options that claimants could choose, including filing supplemental claims, seeking higher level review of VBA claims decisions and filing formal appeals directly to the Board; and

WHEREAS, VBA is in the process of modernizing the system for adjudicating veterans' appeals; and

WHEREAS, when VBA reports on the average days pending for claims, VBA does not include non-rating claims, and these claims are just as important and should be accounted for when reporting average days of pending claims; and

WHEREAS, any claims or appeals reform must preserve or enhance veterans' due process rights and ensure that adjudications are fair, accurate, timely and of acceptable quality; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress and VBA to support significant and meaningful claims and appeals processing reform to address the VA's overall claims and appeals workloads; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and VBA to ensure that all proposals to streamline and automate the claims development and rating process fully protect veterans' rights and that automated rating processes, such as automated decision letters, provide sufficient and specific information to inform veterans and their advocates about the reasons and bases for rating decisions; AND

BE IT FURTHER RESOLVED that DAV calls on the VA and Congress to ensure that sufficient funding is requested and provided to complete all reform and transformation initiatives; AND

BE IT FURTHER RESOLVED that DAV supports legislation and other policies that will strengthen training, testing and quality control as well as accountability measures to ensure that VBA leaders and employees develop a corporate culture focused on getting each claim decided right the first time; AND

BE IT FURTHER RESOLVED that DAV supports legislation to give due deference to private medical evidence that is competent, credible, probative and otherwise adequate for rating purposes, as well as legislation and policies that encourage the use of private medical evidence, including allowing private physicians to gain access to all Disability Benefit Questionnaires.

§ § §

RESOLUTION NO. 037

**EXPAND PRESUMPTIONS FOR SERVICE CONNECTION
FOR FORMER PRISONERS OF WAR**

WHEREAS, former prisoners of war (POWs) suffered cruel and inhumane treatment together with nutritional deprivation at the hands of their captors, which resulted in long-term adverse health effects; and

WHEREAS, POWs were subjected to numerous and varying forms of abuse dependent upon the place, time and circumstance of their captivity by the enemy; and

WHEREAS, for this reason, former POWs suffer from a wide range of physical and psychological maladies; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation which would add those medical conditions that are characteristically associated with or can be reasonably attributed to the POW experience as presumptive disorders for former POWs.

§ § §

RESOLUTION NO. 044

SUPPORT LEGISLATION FOR THE DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE CHILD CARE SERVICES/ASSISTANCE TO VETERANS ATTENDING VA PROGRAMS

WHEREAS, the Department of Veterans Affairs (VA) does not provide child care assistance or services for veterans; and

WHEREAS, multiple studies and surveys reveal that a significant barrier for veterans seeking and obtaining VA services is child care; and

WHEREAS, child care services would assist in removing a major obstacle for veterans, while vastly improving their ability to successfully comply with health care treatment and complete training, rehabilitative and education programs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation for the VA to provide child care services/assistance to veterans attending VA health care, VA benefits programs, VA educational programs, VA employment services, VA homeless programs and VA rehabilitative programs.

§ § §

RESOLUTION NO. 045

**SUPPORT REFORMS RELATING TO RECOVERY OF DEBTS
BY THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, it is a reasonable expectation that recipients of overpayments are required to repay the debt; and

WHEREAS, the current overpayment and debt system allows the Department of Veterans Affairs (VA) to collect debts regardless of when the debt was created; and

WHEREAS, debt collections by the VA include complete recoupment of the veteran's monthly benefit payments and, in many cases, put the veteran at risk of financial hardships; and

WHEREAS, additional amounts of debt created by the VA's lack of timely action are often added to the debt, thus creating an inequity on the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to reform the VA overpayment and debt collection systems; AND

BE IT FURTHER RESOLVED that DAV supports legislation to limit the amount of monies recouped from the veteran's monthly payment to not greater than 25% of the payment amount; AND

BE IT FURTHER RESOLVED that DAV supports legislation preventing the VA from collecting debts incurred more than five years prior; AND

BE IT FURTHER RESOLVED that DAV supports legislation that requires the VA to waive any additional amounts of debt created by their own lack of timely action on evidence and information received regarding but not limited to dependency changes, income changes, drill status, education changes or incarceration adjustments.

§ § §

RESOLUTION NO. 046

REQUIRE THE DEPARTMENT OF VETERANS AFFAIRS TO REQUEST MEDICAL RECORDS PRIOR TO ROUTINE FUTURE EXAMINATIONS

WHEREAS, the Department of Veterans Affairs (VA) is required to reexamine disabilities that have not become stabilized and are likely to improve; and

WHEREAS, VA regulations require a reduction in rating based on reexaminations disclosing improvement, physical or mental health conditions; and

WHEREAS, the VA is not required to request any additional private or government medical records from the veteran prior to a future examination; and

WHEREAS, without any additional medical records prior to the examination, the VA rating specialist will not have sufficient evidence to determine whether the evidence makes it reasonably certain that any improvement will be maintained under the ordinary conditions of life and work; and

WHEREAS, reductions or proposed reductions based solely on VA examinations and not the entire medical evidence available will not reflect the veteran's true disability picture and functional impairment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, vigorously supports regulatory and statutory requirements to require the VA be mandated to request any private or government medical records prior to scheduling any future examination.

§ § §

RESOLUTION NO. 047

**PROVIDE FOR A COMPENSABLE RATING FOR HEARING-IMPAIRED
VETERANS REQUIRED TO USE HEARING AIDS**

WHEREAS, veterans can be rated at 0% based on their audiometric results and still be required to use hearing aids due to their specific type of hearing loss; and

WHEREAS, the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD) is predicated on the industrial impairment that each disability provides to the disabled veteran; and

WHEREAS, hearing loss can impact a veteran's ability to communicate and negatively affect relationships, school/work performance, safety and emotional well-being; and

WHEREAS, section 4.10, title 38, Code of Federal Regulations, notes that "the basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment"; and

WHEREAS, a National Institutes of Health study, "The Socioeconomic Impact of Hearing Loss in U.S. Adults," published in March 2015, noted, "even after controlling for education and important demographic factors, hearing loss is independently associated with economic hardship, including both low income and unemployment/underemployment. The societal impact of hearing loss is profound"; and

WHEREAS, the VASRD does account for required prostheses or required medication for control, as it provides a 10% evaluation for over 15 different disabilities that require daily medication for control of said disability; and

WHEREAS, it is a general principle of the VASRD that ratings are not offset by the function artificially restored by a prosthetic device; and

WHEREAS, assigning a compensable rating for medically required hearing aids would be consistent with minimum ratings otherwise provided throughout the rating schedule; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the VA granting veterans with high-frequency hearing loss a compensable rating (10%) when it has been medically determined that the veteran requires and has been issued a hearing amplification device.

§ § §

RESOLUTION NO. 048

**SUPPORT LEGISLATION TO ESTABLISH MULTIPLE
AUTOMOBILE GRANTS FOR ELIGIBLE VETERANS**

WHEREAS, Congress authorizes the Department of Veterans Affairs (VA) to provide financial assistance to eligible veterans through an automobile grant in the amount of \$21,058.69; and

WHEREAS, this one-time grant is used toward the purchase of a new or used automobile to accommodate a veteran or service member with certain disabilities that resulted from a condition incurred or aggravated during active military service; and

WHEREAS, the Department of Transportation (DOT) reports the average useful life of a vehicle is 11.5 years; vehicles that have been modified structurally, including modifications to accommodate the weight of a veteran and their wheelchair, can have an accelerated depreciation of usefulness; and

WHEREAS, on average, the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used; these substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service; and

WHEREAS, the cost of replacing modified vehicles purchased through the VA automobile grant program presents a financial hardship for veterans who must bear the full replacement cost once the adapted vehicle has exceeded its useful life; the divergence of a vehicle's depreciating value and the increasing cost of living only compounds this hardship; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to establish multiple automobile grants, for veterans to use once every 10 years, equaling the current grant maximum in effect at the time of vehicle replacement.

§ § §

RESOLUTION NO. 049

**SUPPORT USING THE PROPOSED REDUCTION DUE PROCESS
TO ALL DISABILITY EVALUATION REDUCTIONS**

WHEREAS, section 3.105(e), title 38, Code of Federal Regulations, requires that a reduction in a disability evaluation which results in a reduction of compensation payments or the overall combined evaluation must include a notice of a proposed reduction with all material facts, a 60-day period to present additional evidence and the right to request a predetermination hearing prior to a final reduction decision; and

WHEREAS, the Department of Veterans Affairs (VA) has determined that if a reduction in a disability evaluation does not result in a reduction of compensation payments, overall combined evaluation, a proposed reduction is not warranted; and

WHEREAS, in many instances, the VA will grant increases and new benefits in the same decision as reducing a disability evaluation but not changing the previous combined evaluation, thus leaving the veteran without proposed reduction due process, to include submitting new evidence and requesting a predetermination prior to a final reduction decision; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the proposed reduction due process be applied to all reductions of a disability evaluation even when it does not change compensation payments or the overall combined evaluation.

§ § §

RESOLUTION NO. 050

**SUPPORT LEGISLATION TO ESTABLISH A SUPPLEMENTARY
SPECIALLY ADAPTED HOUSING GRANT**

WHEREAS, the Department of Veterans Affairs (VA) provides grants to service members and veterans with certain permanent and total service-connected disabilities to help purchase or construct an adapted home or modify an existing home to accommodate a disability; and

WHEREAS, the Specially Adapted Housing (SAH) grant helps veterans with certain service-connected disabilities live independently in a barrier-free environment; and

WHEREAS, SAH grants can be used to construct a specially adapted home on land to be acquired, build a home on land already owned if it is suitable for specially adapted housing, remodel an existing home if it can be made suitable for specially adapted housing, or apply the grant against the unpaid principal mortgage balance of an adapted home already acquired without the assistance of a VA grant; and

WHEREAS, the fiscal year 2022 maximum SAH grant amount is \$101,754 and must be used for the purpose of constructing or modifying a home to meet adaptive needs; and

WHEREAS, the maximum grant amount adjusts annually, and the grant benefit cannot be used more than three times up to the maximum dollar amount allowable; and

WHEREAS, eligible veterans can use the VA adapted housing grants, not to exceed the maximum amount at the time of the grant, and once the maximum amount is reached, these veterans must bear the full cost of continued accessible living should they move, need to modify a home or suffer an increase in the severity of their service-connected disabilities; and

WHEREAS, these veterans should not have to choose between surrendering their independence by moving into an inaccessible home or staying in a home simply because they are unable to afford the cost of new modifications; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to establish a supplementary SAH grant for eligible veterans needing to relocate and for veterans experiencing an increase in the severity of their service-connected disabilities; AND

BE IT FURTHER RESOLVED that DAV supports the supplementary grant amounts be at least half of the maximum amount at the time of application for the supplementary grant.

§ § §

RESOLUTION NO. 052

SUPPORT LEGISLATION TO AWARD SPECIAL MONTHLY COMPENSATION AT R(1) TO VETERANS WITH ANATOMICAL LOSS OR LOSS OF USE OF THREE EXTREMITIES

WHEREAS, veterans with anatomical loss or loss of use, or a combination of anatomical loss and loss of use, of three extremities are significantly impaired in their ability to conduct activities of daily living; and

WHEREAS, veterans with loss or loss of use of three extremities require the assistance of others for the ability to dress and undress themselves, or to keep themselves clean and presentable, or to perform frequent adjustment of special prosthetic or orthopedic appliances, or to attend to bowel and bladder self-care, or to protect themselves from hazards or dangers incident to their daily environment; and

WHEREAS, these factors are considered basic criteria for determining the need for regular aid and attendance by the Department of Veterans Affairs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to award special monthly compensation under the provisions of section 1114(r)(1), title 38, United States Code, to veterans with anatomical loss or loss of use of three extremities.

§ § §

RESOLUTION NO. 054

SUPPORT ELIMINATION OF THE LINK BETWEEN CHRONICITY AND CONTINUITY WITH THE CHRONIC DISEASES AS LISTED IN FEDERAL REGULATIONS

WHEREAS, service connection may be granted for a disability resulting from disease or injury incurred in or aggravated by service; and

WHEREAS, to prevail on the issue of service connection there must be competent evidence of a current disability, medical or lay evidence of in-service occurrence or aggravation of a disease or injury, and medical or lay evidence of a nexus between the present disability and the in-service occurrence or aggravation; and

WHEREAS, a veteran may establish service connection by “chronicity” if the evidence demonstrates the existence of a chronic disease in service and later manifestations of the same disease; and

WHEREAS, prior to the precedent decision of the U.S. Court of Appeals for the Federal Circuit in Walker v. Shinseki, 708F.3d 1331 (Fed. Cir. 2013), veterans could establish a nexus between a present disability and an in-service occurrence or aggravation by “chronicity” when evidence demonstrated the existence of a disease in service and present manifestations of the same disease; and

WHEREAS, prior to the precedent decision, the veteran could alternatively establish service connection by “continuity of symptomatology” if the evidence demonstrated a condition was “noted” during service, there was post-service evidence of the same symptomatology, and there was medical or lay evidence of a nexus between the current disability and the post-service symptomatology; and

WHEREAS, the precedent decision limited establishing service connection by chronicity only for the specific chronic diseases listed in section 3.309(a), title 38, Code of Federal Regulations (CFR); and

WHEREAS, the precedent decision additionally abrogated previous decisions by the court extending the use of “continuity of symptomatology” to establish service connection for chronic diseases not specifically listed in the regulation, thereby overruling an entire body of case law; and

WHEREAS, the precedent decision removes veterans’ ability to argue “chronicity and continuity of symptomatology” in all claims for service connection and places a higher standard than intended or required by the plain language of the statute, thereby hindering the non-adversarial nature of the Department of Veterans Affairs claims system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to establish service connection for a disease not specifically listed in 38 CFR §3.309(a), using chronicity or continuity of symptomatology.

§ § §

RESOLUTION NO. 056

**SUPPORT LEGISLATION TO PROTECT CLAIMANTS FROM THOSE
CHARGING FEES FOR DEPARTMENT OF VETERANS AFFAIRS CLAIMS
PREPARATION, PRESENTATION OR PROSECUTION**

WHEREAS, claims agents and attorneys recognized by the Department of Veterans Affairs (VA) can assist a claimant in the preparation, presentation or prosecution of a claim; and

WHEREAS, fees may not be charged, allowed or paid for services of agents or attorneys with respect to services provided before the date on which a notice of disagreement is filed with respect to the case; and

WHEREAS, veterans service organizations and the VA provide free assistance in the claims process; and

WHEREAS, many reports, past and present, have identified that certain entities charge claimants fees for the preparation, presentation or prosecution of a claim; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to prohibit and penalize those who knowingly solicit or contract for charges or receive any fee or compensation for providing advice on how to file a VA claim; the preparation, presentation or prosecution of such a claim; or unlawfully withhold from any claimant any part of a benefit or claim, all prior to the date on which a higher level review, supplemental claim or a notice of disagreement has been filed.

§ § §

RESOLUTION NO. 057

**SUPPORT LEGISLATION TO IMPROVE AND REFORM DEPENDENCY
AND INDEMNITY COMPENSATION BENEFITS**

WHEREAS, Dependency and Indemnity Compensation (DIC) was created in 1993 and has only been minimally adjusted since then; and

WHEREAS, DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability; and

WHEREAS, survivors who rely solely on the disabled veteran's compensation face significant financial hardships upon the death of the veteran; and

WHEREAS, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement (FERS) or Civil Service Retirement System (CSRS) benefits, up to 55%; and

WHEREAS, recent legislation has reduced the survivor's remarriage age from 57 to 55; and

WHEREAS, now survivors in receipt of DIC benefits risk losing entitlement if they remarry before the age of 55; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly supports legislation that improves and reforms DIC benefits to include increasing the monthly amount and lowering the remarriage age for survivors of disabled veterans.

§ § §

RESOLUTION NO. 058

**SUPPORT LEGISLATION TO REFORM AND IMPROVE
SERVICE-DISABLED VETERANS LIFE INSURANCE**

WHEREAS, the Congress of the United States has created a modernized service-disabled veterans life insurance program which will replace the existing Service-Disabled Veterans Insurance (S-DVI) program beginning January 1, 2023; and

WHEREAS, the modernized insurance program will allow veterans to enroll at any time, which is a change from the existing S-DVI, which only allows veterans to apply within two years of a Department of Veterans Affairs decision that establishes a new grant of service connection; and

WHEREAS, veterans enrolled in the modernized insurance program may elect to be insured in the amounts of \$10,000, \$20,000, \$30,000 and \$40,000; and

WHEREAS, inflation has significantly increased and the value of the maximum amount of S-DVI coverage has significantly decreased since the existing coverage amounts were set in law; and

WHEREAS, the existing S-DVI provides a waiver of premiums on the basic coverage of \$10,000 for eligible totally disabled veterans; and

WHEREAS, the modernized insurance program will not provide a waiver of premiums at any amount for totally disabled veterans, effectively eliminating an existing benefit for future eligible veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports strong oversight of the implementation of the modernized service-disabled veterans insurance program by Congress and chartered veterans service organizations; AND

BE IT FURTHER RESOLVED that DAV supports a waiver of premiums for totally disabled veterans; AND

BE IT FURTHER RESOLVED that DAV continues to support an increase in the maximum amount of coverage allowed by the service-disabled veterans insurance.

§ § §

RESOLUTION NO. 059

**SUPPORT LEGISLATION TO STREAMLINE AND IMPROVE THE
REQUIREMENTS AND PROCESSING OF SPECIALLY ADAPTED HOUSING
GRANTS AND THE SPECIAL HOUSING ADAPTATION GRANTS**

WHEREAS, the Specially Adapted Housing (SAH) grant and the Special Housing Adaptation (SHA) grant have eligibility requirements, benefits and limitations that are very specific and distinct from each other, which can cause confusion among veterans and Department of Veterans Affairs (VA) adjudicators; and

WHEREAS, once eligibility has been established by the VA, the remaining grant processes have numerous requirements, which can be cumbersome and lengthy, that include feasibility studies, minimum property requirements, and the veteran finding three separate contractors to solicit bids and then approval by the VA, all of this even before construction begins; and

WHEREAS, while the required SAH modifications must be compliant with both local municipalities' building codes and the VA's own code, there must be a balanced focus on the immediate needs of the veteran; and

WHEREAS, contractors often decline to participate in these projects, as the VA has not completely digitized its payment processes, thus contractors may wait months before payment, all while increasing the processing time; and

WHEREAS, these often lengthy processes become of great concern for veterans with severely restricting disabilities or terminal illnesses, as veterans with amyotrophic lateral sclerosis (ALS) and other terminal illnesses often do not survive long enough to benefit from the improvements that an SAH grant could afford them; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to streamline the SAH and SHA eligibility requirements, improve the length of processing time, digitize VA payments, and expedite all applicants with ALS and other terminal illnesses.

§ § §

RESOLUTION NO. 060

SUPPORT DEPARTMENT OF VETERANS AFFAIRS MODERNIZATION OF INFORMATION TECHNOLOGY AND IMPROVEMENTS TO INCLUDE DIGITAL SHARING, ADEQUATE FUNDING AND IMPROVED ACCESS FOR DISABLED VETERANS

WHEREAS, updated and modern information technology (IT) with digital sharing of information within the Department of Veterans Affairs (VA) and the Department of Defense (DOD) is critical to the delivery of VA health care, VA benefits and VA educational services; and

WHEREAS, the Veterans Benefits Administration (VBA) made a critical decision to transform its paper-based claims system and replaced it with electronic streamlined business processes such as the Veterans Benefits Management System (VBMS), National Work Queue (NWQ), Case Flow, eBenefits and the Stakeholder Enterprise Portal (SEP); and

WHEREAS, several VA sites, including VA forms and applications, have been reported as not having ease of access by visually impaired veterans; and

WHEREAS, veterans service organizations (VSOs) providing representation for veterans and their families rely on VA systems, while VBA has determined to no longer fund upgrades or updates to some of the existing programs; and

WHEREAS, lacking appropriate IT funding led to the Veteran Readiness and Employment's (VR&E) \$12 million IT debacle and the Education Service's continuing problems in making accurate payments under the new GI Bill program; and

WHEREAS, the Veterans Health Administration (VHA) will be integrating the new VA Electronic Health Records (EHR) Modernization program, a commercial health IT program in collaboration with, DOD, over the next 10 years, while its existing Veterans Health Information Systems and Technology Architecture (VistA) program will remain throughout the implementation phase; and

WHEREAS, the cost of full integration of the Cerner EHR is projected at \$16 billion over the next 10 years, with \$5.8 billion of those funds set aside to manage and support the current VistA infrastructure; and

WHEREAS, VHA and VBA must compete with other offices and agencies within the VA for the limited IT funding available each year, delaying development and deployment of critical IT systems and programming; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports reforming and improving the budgeting and funding of VA IT systems for each individual department within the VA; AND

BE IT FURTHER RESOLVED that DAV supports secure and protected digital information sharing between the DOD and VA, as well as sharing within VA agencies; AND

BE IT FURTHER RESOLVED that DAV supports improving IT access for VSO representatives and veterans with disabilities, including those who are visually impaired.

§ § §

RESOLUTION NO. 062

OPPOSE REDUCTION, TAXATION OR ELIMINATION OF VETERANS BENEFITS

WHEREAS, veterans benefits are earned benefits paid to veterans and their families for their service to the nation; and

WHEREAS, veterans benefits are part of a covenant between our nation and its defenders; and

WHEREAS, certain government leaders have continued to attack veterans benefits in an attempt to tax those benefits, reduce them or eliminate them completely; and

WHEREAS, these attacks recur with regularity and serious intent; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, vigorously opposes reduction, taxation or elimination of veterans benefits.

§ § §

RESOLUTION NO. 063

SUPPORT LEGISLATION TO INCREASE DISABILITY COMPENSATION

WHEREAS, it is the historical policy of DAV that this nation's first duty to veterans is to provide for the rehabilitation of its wartime disabled; and

WHEREAS, the percentage ratings for service-connected disabilities represent, as far as can be practicably determined, the average impairment in earning capacity resulting from such disabilities in civil occupations; and

WHEREAS, compensation increases should be based primarily on the loss of earning capacity; and

WHEREAS, disabled veterans who are unable to work because of service-connected disabilities should be entitled to compensation payments commensurate with the after-tax earnings of their able-bodied contemporaries; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to provide a realistic increase in Department of Veterans Affairs compensation rates to bring the standard of living of disabled veterans in line with that which they would have enjoyed had they not suffered their service-connected disabilities.

§ § §

RESOLUTION NO. 066

**SUPPORT LEGISLATION TO ALLOW ALL VETERANS TO
RECOVER TAXES ON DISABILITY SEVERANCE PAY**

WHEREAS, certain funds received by military service members determined to be unfit for duty as a result of personal injury or disability are not taxable; and

WHEREAS, the Internal Revenue Service (IRS) continues to tax military disability severance pay as regular income; and

WHEREAS, a United States District Court held that such military disability severance pay is nontaxable income; and

WHEREAS, the IRS has subsequently acquiesced to the District Court holding; and

WHEREAS, a three-year statute of limitation prevents individuals who have been discharged for more than three years from recovering the taxed funds taken by the IRS; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly supports legislation that would allow all veterans to recover taxes from their disability severance pay.

§ § §

RESOLUTION NO. 069

**SUPPORT LEGISLATION THAT REQUIRES THE DEPARTMENT OF
VETERANS AFFAIRS TO CONSIDER PRIVATE MEDICAL EVIDENCE
SUPPLIED BY LICENSED PRIVATE HEALTH CARE PROVIDERS**

WHEREAS, section 5125, title 38, United States Code, Acceptance of Reports of Private Physician Examinations, authorizes the Department of Veterans Affairs (VA) to accept private reports in the adjudication of claims for veterans disability benefits; and

WHEREAS, Veterans Health Administration personnel, to include nurse practitioners and physician assistants in independent practices, of equal training and background to their private-sector counterparts, are authorized to complete such medical reports for VA adjudication purposes; and

WHEREAS, submission of private medical records by a claimant, if otherwise adequate for rating purposes, provides claimants with an alternate means to procure evidence in support of their claims, rather than being required to attend mandatory compensation and pension examinations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks the enactment of legislation that would require the VA to consider private medical evidence supplied by licensed private health care providers, to include, but not be limited to, reports from nurse practitioners and physician assistants in private practices.

§ § §

RESOLUTION NO. 070

SUPPORT LEGISLATION TO PROVIDE FOR REALISTIC COST-OF-LIVING ALLOWANCES

WHEREAS, the Department of Labor provides statistical information and analysis that impacts the annual cost-of-living adjustment (COLA) for disabled veterans, military retirees and Social Security recipients; and

WHEREAS, the calculations regarding COLAs are the domain of the Social Security Administration, using a formula that has been directly linked to the Consumer Price Index (CPI) since 1975, prescribed by law when calculating any COLA increase; and

WHEREAS, in general, a COLA is equal to the percentage increase in the CPI for Urban Wage Earners and Clerical Workers (CPI-W) from the third quarter of one year to the third quarter of the next, and if there is no increase, there is no COLA; and

WHEREAS, the formula that derives the level of increase is tied to the United States economy on a very broad basis; stagnant economic activity does not mean disabled veterans' cost of living is flat; in fact, as they age and suffer from associated illnesses of aging, their costs increase; and

WHEREAS, it is unfair that disabled veterans are denied necessary increases in disability payments due to a formula that actually has little to do with the costs they bear; and

WHEREAS, there have been recent attempts to adjust the COLA downward in various methods such as "Chained CPI"; and

WHEREAS, disabled veterans disability compensation has not kept pace with the rest of the economy; even in years when there were COLA payments, disability benefits lagged; and

WHEREAS, many disabled veterans and their survivors are on fixed incomes and rely on COLAs to keep pace with their current living expenses; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to provide a realistic cost-of-living allowance for our nation's disabled veterans, their dependents and survivors.

§ § §

RESOLUTION NO. 072

**SUPPORT LEGISLATION TO REDUCE THE 10-YEAR RULE FOR
DEPENDENCY AND INDEMNITY COMPENSATION**

WHEREAS, section 1318 (b)(1), title 38, United States Code, provides Dependency and Indemnity Compensation (DIC) benefits for survivors of deceased veterans who were rated totally disabled for 10 or more years; and

WHEREAS, the financial status of the surviving spouse is compromised due to the care required by the totally disabled veteran and provided by the caregiver spouse; and

WHEREAS, the veteran's spouse, acting as a caregiver, must in many cases limit, give up or put careers and other activities on hold; and

WHEREAS, it is inherently unfair that the spouse should carry this additional burden for 10 years or more before qualifying for DIC; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to reduce the 10-year rule for DIC qualification to a more reasonable period of time.

§ § §

RESOLUTION NO. 073

SUPPORT LEGISLATION TO EXCLUDE VETERANS DISABILITY COMPENSATION FROM COUNTABLE INCOME FOR PURPOSES OF ELIGIBILITY FOR BENEFITS AND SERVICES FROM OTHER GOVERNMENT PROGRAMS

WHEREAS, by virtue of their service and sacrifices, disabled veterans deserve special benefits that are separate and in addition to benefits the government provides to other citizens; and

WHEREAS, compensation for the effects of service-connected disabilities is counted as income in determinations of eligibility for other government benefits and programs, such as low-income housing through the Department of Housing and Urban Development; and

WHEREAS, the value of compensation is negated and its purposes are defeated when a veteran's receipt of compensation is used to reduce or deny entitlement to government benefits or services available to other citizens; and

WHEREAS, when a veteran's compensation is offset against other entitlements, it is in effect deducted from eligibility for services generally available to citizens who did not serve, and thus the veteran receives nothing for his or her disability and is thus not compensated; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks legislation to exclude veterans disability compensation from countable income for purposes of eligibility for benefits or services under other government programs.

§ § §

RESOLUTION NO. 074

SUPPORT OVERSIGHT OF DEPARTMENT OF VETERANS AFFAIRS PRACTICES IN EVALUATING DISABILITY CLAIMS FOR RESIDUALS OF MILITARY SEXUAL TRAUMA

WHEREAS, DAV maintains a long-standing resolution from our membership that advocates an open process to govern establishment of service connection for diseases and injuries incurred in or aggravated during military service; and

WHEREAS, establishing a causal relationship between certain injuries and later disability can be daunting due to lack of records or human factors that obscure or prevent documentation or even basic investigation of such incidents after they occur; and

WHEREAS, military sexual trauma is ever more recognized as a hazard of service for 1% of men serving and 20% of women serving in the armed forces and later represents a heavy burden of psychological and mental health care for the Department of Veterans Affairs (VA); and

WHEREAS, an absence of documentation of military sexual trauma in the personnel or military unit records of injured individuals prevents or obstructs adjudication of claims for disabilities of this deserving group injured during their service and may interrupt or prevent their care by the VA once they become veterans; and

WHEREAS, the Department of Defense (DOD) has established an office of Sexual Assault Prevention and Response (SAPRO) to establish departmentwide policies and procedures for the handling of sexual assault and injury cases for active military service members and members of Reserve and Guard units, including documentation, records retention and protection of the privacy of the individuals involved in such cases; and

WHEREAS, both the DOD and VA have agreed on some procedures that would govern documentation sufficient to justify service connection of sexual assault and other military sexual trauma; and

WHEREAS, the VA has issued a regulation (section 3.304(f)(5), title 38, Code of Federal Regulations) that provides for a liberalization of requirements for establishment of service connection due to personal assault, including military sexual trauma, even when documentation of an “actual stressor” is not found, but when evidence in other records exists of a “marker” indicating that a stressor may have in fact occurred; and

WHEREAS, the VA has trained adjudication personnel, especially its rating staffs in VA regional offices, in better evaluating disability claims for military sexual assaults and has emphasized these particular claims must be made subject to special attention in consonance with the new regulation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the VA’s practices in evaluating disability claims associated with military sexual trauma and urges the VA to conduct rigorous oversight of adjudication personnel and review of data to ensure the present policy is being faithfully followed and standardized in all VA regional offices.

§ § §

RESOLUTION NO. 075

**OPPOSE SUBJECTING DISABILITY COMPENSATION AND DEPENDENCY
AND INDEMNITY COMPENSATION TO MEANS TESTING**

WHEREAS, the citizens of our nation heretofore have honorably recognized their indebtedness to those who sacrificed in military service by providing disability compensation as restitution for injuries, illnesses or diseases suffered in such service; and

WHEREAS, a disabled veteran is rightfully entitled to compensation for the effects of service-connected disability, without regard to any good fortune or income of the veteran or spouse from sources independent of the government's obligations to the veteran; and

WHEREAS, it is unfair for the government to seek to disclaim its obligation to disabled veterans or their survivors merely because of the receipt of other, unrelated income; and

WHEREAS, notwithstanding the special status of disability compensation and Dependency and Indemnity Compensation, efforts have been made to deploy a means test to reduce or eliminate them in cases in which the veteran, spouse or survivor has obtained other income; and

WHEREAS, degrading compensation by providing it to the extent of the veteran's or survivor's economic needs rather than as a measure of restitution for personal injury or illness thereby disassociates compensation from that which merits it and associates it with factors that govern purely gratuitous benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any proposal to means test disability compensation and Dependency and Indemnity Compensation.

§ § §

RESOLUTION NO. 077

**OPPOSE LONG-TERM ROUNDING DOWN OF COST-OF-LIVING
ADJUSTMENTS IN VETERANS BENEFITS**

WHEREAS, to maintain the worth of veterans benefits, they must be adjusted to keep pace with the rise in the cost of living; and

WHEREAS, long-term rounding down of adjusted rates to the next lower dollar amount erodes the value of these benefits over time and thus does not keep pace with the rise in the cost of living; and

WHEREAS, the rounding down of veterans' cost-of-living adjustments (COLA) unfairly targets disabled veterans, their dependents and survivors for cost savings to the government; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes long-term rounding down COLAs for veterans disability compensation and compensation to their dependents and survivors.

§ § §

RESOLUTION NO. 078

SUPPORT LEGISLATION THAT WOULD EXEMPT THE BENEFITS PAID TO WARTIME SERVICE-CONNECTED DISABLED VETERANS FROM THE “PAYGO/CUTGO” PROVISIONS OF THE BUDGET ENFORCEMENT ACT

WHEREAS, wartime disabled veterans have earned the benefits and services they, their dependents and survivors receive from the Department of Veterans Affairs (VA) as a result of the injuries sustained during wartime service; and

WHEREAS, the benefits and services received by wartime disabled veterans as a result of their service-connected disabilities is an extension of the costs of war; and

WHEREAS, this country has a moral obligation to continue to care for these citizen-soldiers who have risen in defense and support of the ideals of this great nation and who have returned to civilian life with service-connected disabilities; and

WHEREAS, the benefits and services provided to America’s veterans, dependents and survivors have not caused this nation’s deficit problems; and

WHEREAS, the so-called “PAYGO/CUTGO” provisions of the Budget Enforcement Act require any new benefits or services to be paid out of existing benefits or programs, in effect, requiring one group of disabled veterans to give up a benefit or service so that another worthy group of wartime disabled veterans can receive benefits or services to which they are entitled; and

WHEREAS, the adoption of budget caps and sequestration have often limited the ability of congressional appropriations committees to fully fund all veterans programs, services and benefits; and

WHEREAS, veterans suffering from ailments associated with their service in the military are compensated from funds generated by cutting the benefits of other service-connected veterans and their survivors; and

WHEREAS, the benefits and services provided to wartime disabled veterans are unique and not a gratuitous benefit; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to exempt VA benefits and services provided to service-connected disabled veterans, their dependents and survivors from the PAYGO/CUTGO provisions of the Budget Enforcement Act as well as from any budget caps or sequestration legislation.

§ § §

RESOLUTION NO. 079

**AMEND THE LAW TO PROVIDE A 10-YEAR PROTECTION PERIOD
FOR SERVICE-CONNECTED DISABILITY RATINGS**

WHEREAS, section 110, title 38, United States Code, now provides for the protection of all disability compensation ratings that have been continuously in effect for 20 or more years; and

WHEREAS, permanency should be conceded for disability compensation ratings that have been in effect for 10 years without change in evaluation with no further examination scheduled; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports amendment of section 110, title 38, United States Code, to provide that disability ratings in effect be permanently protected after a period of 10 continuous years.

§ § §

RESOLUTION NO. 080

SUPPORT LEGISLATION TO PROVIDE FOR SERVICE CONNECTION FOR DISABLING CONDITIONS RESULTING FROM TOXIC AND ENVIRONMENTAL EXPOSURES

WHEREAS, veterans of all military conflicts from the world wars to the wars in Iraq and Afghanistan have been exposed to toxic and environmental exposures such as mustard gas, herbicides, cold weather, chemicals, biological agents, harmful levels of radiation and other combat operation exposures; and

WHEREAS, veterans may not know for years or decades about the toxic or environmental conditions they were exposed to during military service; and

WHEREAS, returning from war, veterans subsequently suffer from disabling conditions that are not immediately identified as a result of such exposures; and

WHEREAS, the Department of Defense (DOD) has not always been willing to publicly share information regarding exposures during military service with other government departments or agencies or with the individuals involved; and

WHEREAS, research conducted by the National Institutes of Health, DOD, Department of Veterans Affairs (VA) and other federal agencies has focused on relationships between toxic and environmental exposures and health outcomes of veterans and pending claims; and

WHEREAS, such research is necessary to ensure veterans receive high-quality health services and benefits to which they are entitled due to diseases or injuries resulting from deployment exposures; and

WHEREAS, in studies mandated by Congress, the National Academy of Sciences continues to review and evaluate scientific literature including specific research studies to determine whether a link exists between exposure and certain physical disorders; and

WHEREAS, the VA and DOD must collaborate and share necessary deployment, health and exposure data to better address the health conditions experienced by disabled veterans; and

WHEREAS, these studies to establish and recognize relationships between exposures and diseases take several years to accomplish, requiring veterans to establish claims on a direct basis without conceded exposure to such toxins; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to establish a concession of individual exposures while awaiting conclusions of studies for presumptive diseases and conditions associated with all veterans' related exposures to toxic and environmental hazards; AND

BE IT FURTHER RESOLVED that DAV vigorously supports the VA's expeditious handling of veterans' claims and the payment of fair and just compensation for conditions associated with all veterans' service and related exposures to toxic and environmental hazards.

§ § §

RESOLUTION NO. 082

OPPOSE ANY PROPOSAL THAT WOULD REDUCE PAYMENTS OF DEPARTMENT OF VETERANS AFFAIRS DISABILITY COMPENSATION BY PAYMENTS OF SOCIAL SECURITY INSURANCE, SOCIAL SECURITY DISABILITY INSURANCE OR ANY OTHER FEDERAL BENEFIT PAID TO A VETERAN

WHEREAS, consideration has been given to offsetting Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) benefits from any other federal benefit; and

WHEREAS, the adoption of such a measure would reduce the overall income provided to veterans who have a compensable service-connected disability; and

WHEREAS, such an offset creates undue hardship on totally disabled service-connected veterans and their families by drastically reducing their total income; and

WHEREAS, benefits received from the Department of Veterans Affairs (VA) or under military retirement pay and other federal programs have differing eligibility criteria compared to eligibility for SSI or SSDI benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any measure that proposes to offset the payment of any other federal benefit or earned benefit entitlement from VA compensation payments made to service-connected disabled veterans.

§ § §

RESOLUTION NO. 084

**CONSIDER TREATMENT FOR A PRESUMPTIVE SERVICE-CONNECTED CONDITION
AS A CLAIM FOR DEPARTMENT OF VETERANS AFFAIRS COMPENSATION**

WHEREAS, many service members have suffered from diseases that are recognized to be presumptive; and

WHEREAS, veterans suffering from diseases that include many types of cancer as well as diabetes and other chronic diseases may not be aware that they may be eligible for service connection, even if they are being treated in a Department of Veterans Affairs (VA) facility; and

WHEREAS, many VA medical facilities are not currently staffed or equipped to provide appropriate counseling to veterans or their families on how to file a claim for service-connected benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to enact legislation requiring that treatment by the VA for a condition or disease recognized as presumptively service-connected will be considered to be an Intent to File for service connection for compensation purposes.

§ § §

RESOLUTION NO. 085

**SUPPORT A MORE LIBERAL REVIEW OF OTHER THAN HONORABLE DISCHARGES
IN CASES OF POST-TRAUMATIC STRESS DISORDER, TRAUMATIC BRAIN INJURY,
MILITARY SEXUAL TRAUMA AND OTHER TRAUMA FOR THE PURPOSE OF
ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS BENEFITS AND SERVICES**

WHEREAS, former service members who receive a nonpunitive administrative discharge characterized as other than honorable (“bad paper”) are generally not considered eligible for care and treatment from the Veterans Health Administration (VHA) or other Department of Veterans Affairs (VA) benefits; and

WHEREAS, the current rate of bad paper discharges by Afghanistan and Iraq service members with undiagnosed traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), military sexual trauma (MST) and other trauma is twice that during the Vietnam era and nearly four times the rate of veterans during the World War II era; and

WHEREAS, in 2014, the Secretary of Defense provided policy guidance to the Military Department Boards for Correction of Military/Naval Records (BCM/NR) to give “liberal consideration” in examining requests for discharge upgrades to evidence that PTSD may have contributed to the misconduct leading to less than honorable discharges; and

WHEREAS, former service members who have potentially suffered TBI, PTSD, MST or other trauma and are awarded bad paper discharges are likely to need medical care and benefits related to their military service; and

WHEREAS, without access to VA medical care and benefits, these former service members may be at higher risk of suicide and homelessness, along with involvement in the criminal justice system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports a more liberal review of other than honorable discharges for purposes of receiving VA benefits and health care services in cases of former service members whose PTSD, TBI, MST or other trauma contributed to their administrative discharges characterized as other than honorable.

§ § §

RESOLUTION NO. 086

OPPOSE LUMP-SUM PAYMENTS FOR SERVICE-CONNECTED DISABILITIES

WHEREAS, disability compensation is paid monthly to an eligible veteran on account of and at a rate commensurate with diminished earning capacity resulting from the effects of service-connected disease or injury; and

WHEREAS, such compensation, by design, continues to provide relief from the service-connected disability for as long as the veteran continues to suffer its effects at a compensable level; and

WHEREAS, by law, the rate of compensation is determined by the level of disability present, thereby requiring reevaluation of the disability upon a change in its degree; and

WHEREAS, various entities have suggested lump-sum payments as a way for the government to avoid the administrative costs of reevaluating service-connected disabilities and as a way to avoid future liabilities to service-connected disabled veterans when their disabilities worsen or cause secondary disabilities; and

WHEREAS, such lump-sum payments would not, on the whole, be in the best interests of disabled veterans but would be more intended for government savings and convenience; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any change in law to provide for lump-sum payments of Department of Veterans Affairs disability compensation.

§ § §

RESOLUTION NO. 087

OPPOSE THE IMPOSITION OF TIME LIMITS FOR FILING COMPENSATION CLAIMS

WHEREAS, some veterans suffer lifelong impairments from disabilities incurred in connection with military service; and

WHEREAS, disability compensation is a benefit available to veterans at any time they choose to claim it; and

WHEREAS, veterans who, for whatever reason, do not initially desire to claim and receive compensation should not forfeit the right to claim and receive it at some later time; and

WHEREAS, the Veterans' Claims Adjudication Commission, created by Congress to study the Department of Veterans Affairs (VA) claims processing system, suggested a time limit for filing compensation claims as a way to reduce the VA's workload; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any change in law to limit the time for filing compensation claims.

§ § §

RESOLUTION NO. 088

**OPPOSE ANY CHANGE THAT WOULD REDEFINE SERVICE-CONNECTED
DISABILITY OR RESTRICT THE CONDITIONS OR CIRCUMSTANCES
UNDER WHICH IT MAY BE ESTABLISHED**

WHEREAS, current law authorizes service connection for disabilities incurred or aggravated during service in the United States armed forces in the line of duty; and

WHEREAS, various proposals have been made to limit service connection to disabilities caused directly by the performance of duty; and

WHEREAS, disability incurred in the line of duty is sometimes not directly due to a job injury but may be due to less obvious factors attributable to the armed forces environment; and

WHEREAS, proof of a causal relationship may often be difficult or impossible notwithstanding an inability to dissociate the disability from service-related factors; and

WHEREAS, current law equitably alleviates the onerous burden of establishing performance of duty or other causal connection as a prerequisite for service connection; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes changes in current law so as to redefine and restrict the conditions under which service connection may be established.

§ § §

RESOLUTION NO. 089

**OPPOSE CHANGE OF DEFINITION OF A HERBICIDE AGENT
FOR THE PURPOSES OF ESTABLISHING SERVICE CONNECTION
FOR DISABILITIES RELATED TO HERBICIDE EXPOSURE**

WHEREAS, section 1116, title 38, United States Code (USC), defines a “herbicide agent” as a chemical in a herbicide used in support of the United States and allied military operations in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975; and

WHEREAS, 38 USC §1116 states that for the purposes of establishing service connection for a disability or death resulting from exposure to a herbicide agent, including a presumption of service connection, a veteran who, during active military, naval or air service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, shall be presumed to have been exposed during such service to a herbicide agent containing dioxin or 2,4-dichlorophenoxyacetic acid, and may be presumed to have been exposed during such service to any other chemical compound in a herbicide; and

WHEREAS, congressional records indicate the Secretary of Defense acknowledged herbicides were used on the Korean demilitarized zone as early as April 1968; and

WHEREAS, the Department of Veterans Affairs (VA) Manual M21-1 acknowledges herbicides were used at eight specific Royal Thai Air Force bases; and

WHEREAS, the Administration’s proposed budget for fiscal year 2019 sought to amend 38 USC §1116 to redefine herbicides as only those containing tetrachlorodibenzo-p-dioxin (TCDD); and

WHEREAS, the Administration’s proposal stated that herbicides with TCDD were only used in Vietnam and not on any other military base outside of Vietnam; and

WHEREAS, the Administration’s proposal was inconsistent with known herbicide use outside of Vietnam and would only serve to limit service connection for herbicide exposure to only veterans with Vietnam service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any change of definition of herbicides that would limit service connection only to those veterans physically in Vietnam.

§ § §

RESOLUTION NO. 090

**SUPPORT LEGISLATION FOR PRESUMPTIVE SERVICE CONNECTION FOR
ADDITIONAL DISEASES RELATED TO CONTAMINATED WATER AT CAMP LEJEUNE**

WHEREAS, military personnel and their families were exposed to contaminated water at Camp Lejeune, North Carolina, from August 1, 1953, to December 31, 1987; and

WHEREAS, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 established 15 different conditions where the exposed military personnel and their families were eligible to seek treatment at Department of Veterans Affairs (VA) health facilities at no cost; and

WHEREAS, the conditions identified for cost-free health care were esophageal cancer, lung cancer, breast cancer, bladder cancer, kidney cancer, leukemia, multiple myeloma, myelodysplastic syndromes, renal toxicity, hepatic steatosis, female infertility, miscarriage, scleroderma, neurobehavioral effects and non-Hodgkin lymphoma; and

WHEREAS, the Secretary of Veterans Affairs established the presumptive list for service connection for diseases associated with said water supply exposure as of January 2017 and included only eight conditions: adult leukemia, aplastic anemia and other myelodysplastic syndromes, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin lymphoma and Parkinson's disease; and

WHEREAS, the Secretary will continue to review relevant information to support the creation of additional presumptive conditions, as it becomes available; and

WHEREAS, an estimated 900,000 service members were potentially exposed to the tainted water; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the Secretary of Veterans Affairs to consider expanding the presumptive list to include all conditions set in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112–154) that were not previously included.

§ § §

RESOLUTION NO. 091

SUPPORT LEGISLATION TO ESTABLISH PRESUMPTIVE SERVICE CONNECTION FOR DISEASES AND ILLNESSES RELATED TO CONTAMINANTS AT FORT MCCLELLAN, ALABAMA

WHEREAS, after World War II until the based closed in 1999, Fort McClellan, located in Anniston, Alabama, was home of the Chemical Corps and Chemical Weapons School for the United States Army; and

WHEREAS, in 1953, Fort McClellan conducted Operation Top Hat, which used military personnel to test exposure and decontamination methods that included sulfur mustard and nerve agents; and

WHEREAS, in 1962, Fort McClellan added the Biological Radiological Agency, Aberdeen Proving Grounds; and

WHEREAS, the Monsanto Chemical Plant, located in Anniston, was instrumental in the development and testing of the herbicides used during Vietnam; and

WHEREAS, in 2003, Monsanto Chemical settled a class action lawsuit with more than 200,000 residents of Anniston for more than \$700 million; and

WHEREAS, the 2005 Institute of Medicine (IOM) report, "Contaminants in the Subsurface: Source Zone Assessment and Remediation," shows that there were 67 different disposal sites on Fort McClellan containing volatile organic compounds (VOCs) trichloroethylene (TCE), polychlorinated biphenyl (PCB), semi-volatile organic compounds (SVOCs), pesticides, explosives, heavy metals (Pb), unexploded ordinance (UXO), radioactive sources and non-stockpile chemical materials; and

WHEREAS, the 2005 IOM report recognizes that both the groundwater and soil were contaminated by those noted above; and

WHEREAS, the Veterans Health Administration (VHA) has recognized the potential exposures at Fort McClellan, noting in part:

Some members of the U.S. Army Chemical Corp School, Army Combat Development Command Chemical/Biological/Radiological Agency, Army Military Police School and Women's Army Corps, among others, may have been exposed to one or more of several hazardous materials, likely at low levels, during their service at Fort McClellan. Potential exposures could have included, but are not limited to, the following:

Radioactive compounds (cesium-137 and cobalt-60) used in decontamination training activities in isolated locations on base.

Chemical warfare agents (mustard gas and nerve agents) used in decontamination testing activities in isolated locations on base.

Airborne PCBs from the Monsanto plant in the neighboring town; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls upon Congress to immediately introduce legislation to authorize scientific studies of the environmental and toxic exposures at Fort McClellan; AND

BE IT FURTHER RESOLVED that DAV supports legislation to establish a concession of exposure to toxins and legislation to establish presumptive service connection for the veterans who were exposed on Fort McClellan.

§ § §

RESOLUTION NO. 092

**AMEND THE DEPARTMENT OF VETERANS AFFAIRS SCHEDULE
FOR RATING DISABILITIES FOR MENTAL DISORDERS**

WHEREAS, under section 4.130, title 38, Code of Federal Regulations, the criteria for evaluating mental disorders is ambiguous; and

WHEREAS, schizophrenia and other psychotic disorders; delirium, dementia, and amnestic and other cognitive disorders; anxiety disorders; dissociative disorders; somatoform disorders; mood disorders; and chronic adjustment disorders are all evaluated using the same general rating formula for mental disorders; and

WHEREAS, the current edition of the Diagnostic and Statistical Manual for Mental Disorders specifically lists different symptoms for post-traumatic stress disorder, schizophrenia and other psychiatric disorders; and

WHEREAS, one veteran service-connected for schizophrenia and another veteran service-connected for another psychiatric disorder should not be evaluated using the same general formula;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports amendment of section 4.130, title 38, Code of Federal Regulations, to formulate different criteria to evaluate the various mental disorders under the appropriate standards applicable to each diagnosis.

§ § §

RESOLUTION NO. 093

COMPENSATE PERSIAN GULF WAR VETERANS SUFFERING FROM ILLNESSES CIRCUMSTANTIALLY LINKED TO THEIR SERVICE IN THE PERSIAN GULF WAR

WHEREAS, DAV has a significant concern regarding the multitude of ailments reported by a growing number of Persian Gulf War veterans who were exposed to both identified and unknown health hazards; and

WHEREAS, Persian Gulf War veterans were exposed to numerous and various environmental health hazards, including smoke from oil field fires and other petroleum agents, depleted uranium, chemical and biological elements, desert parasites, vaccines, chemoprophylactic agents and vehicle paints; and

WHEREAS, primary investigations and multifarious studies have thus far failed to identify the source or sources of these ailments; and

WHEREAS, the scientific/medical community's inability to identify the source(s) and pathological nature of the disease has caused considerable anxiety for these veterans and their families; and

WHEREAS, there appears to be a commonality of ailments plaguing Persian Gulf War veterans; and

WHEREAS, these ailments have been unofficially labeled "Persian Gulf Syndrome," "Multiple Chemical Sensitivity" and "Chronic Fatigue Syndrome"; and

WHEREAS, based on Government Accounting Office (GAO) Report GAO 17-511 findings, approval rates for Gulf War Illness claims are about three times lower than for all other claimed disabilities, which is due, in large part, to current law requiring veterans to suffer from an "undiagnosed" or "medically unexplained" illness for eligibility to receive disability compensation for medical conditions occurring in Persian Gulf War veterans; and

WHEREAS, based on the available medical evidence, medical examiners must rule out all known diseases that could cause the veterans symptoms for it to be determined as an undiagnosed illness or unexplainable illness; and

WHEREAS, clinicians are highly unlikely to provide a diagnosis of an undiagnosed illness or unexplainable illness in most cases, creating an unfair standard for Persian Gulf War veterans to be properly service-connected for conditions related to their military service; and

WHEREAS, as a result of the requirements in the existing law, these brave veterans suffering from these unknown ailments are often prevented from obtaining service connection and providing for their own basic needs and for the needs of their families; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, vigorously supports the Department of Veterans Affairs' (VA's) expeditious handling of Persian Gulf War veterans' claims and the payment of fair and just compensation for those diagnosed and undiagnosed conditions associated with their service in the Persian Gulf theater or related exposures to certain chemical, biological and environmental toxins; AND

BE IT FURTHER RESOLVED that DAV strongly urges that these Persian Gulf War veterans continue to receive priority medical treatment for those ailments that may be associated with their service in the Persian Gulf; AND

BE IT FURTHER RESOLVED that DAV vehemently urges the VA, the Department of Defense, and the Department of Health and Human Services to continue to cooperate in tests and studies to unlock the mysteries surrounding the ailments suffered by Persian Gulf War veterans, including the possibility of exposure to chemical agents by United States military personnel.

§ § §

RESOLUTION NO. 094

SUPPORT RESOURCES AND OVERSIGHT OF THE APPEALS PROCESS

WHEREAS, in 2019, the Department of Veterans Affairs (VA) implemented the Appeals Improvement and Modernization Act (AMA), which impacts decisions at the Veterans Benefits Administration, the existing legacy appeals and AMA appeals at the Board of Veterans' Appeals (Board); and

WHEREAS, in fiscal year (FY) 2020, the Board issued 102,663 decisions and surpassed its FY 2020 goal of 91,500 decisions by over 11,000 cases; and

WHEREAS, the Board improved FY 2021 decision output by approximately 8% over FY 2019's 95,089 decisions; and

WHEREAS, due to the COVID-19 pandemic, as of July 2021, there were over 90,000 pending hearings at the Board; and

WHEREAS, as of July 2021, the Board announced that, due to the pandemic, they will not be able to complete all pending legacy appeals by October 2022 as previously established; and

WHEREAS, in FY 2021, the Board received an additional 20 veterans law judges with required attorneys and support staff; and

WHEREAS, DAV and the Independent Budget recommended an additional 200 Board employees to address the backlog of appeals and hearings; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress to provide effective and continued oversight of the legacy and AMA appeals processes to ensure that adequate resources are provided to resolve the backlog of legacy appeals and the backlog of pending hearings at the Board, as well as provide regular oversight to monitor and measure the VA's progress so these reforms achieve their intended purpose.

§ § §

RESOLUTION NO. 095

SUPPORT SUFFICIENT, TIMELY AND PREDICTABLE FUNDING FOR ALL DEPARTMENT OF VETERANS AFFAIRS PROGRAMS, BENEFITS AND SERVICES

WHEREAS, DAV believes that wounded, injured and ill veterans, through their extraordinary sacrifices and service, earned the right to health care, benefits and services provided by the Department of Veterans Affairs (VA); and

WHEREAS, this nation's first concern should be to fulfill its obligation to those who served in the military services in defense of this country; and

WHEREAS, DAV worked for more than two decades to reform the budget process in order to ensure sufficient, timely and predictable funding for VA health care programs; and

WHEREAS, DAV developed and supported new legislation to ensure sufficient, timely and predictable funding for VA health care through the technique of advance appropriations, as well as through new transparency and accountability requirements covering VA health care budget requests; and

WHEREAS, the adoption of budget caps and sequestration have often limited the ability of congressional appropriations committees to fully fund all veterans programs, services and benefits; and

WHEREAS, spurred by DAV, Congress enacted Public Law 111-81, the Veterans Health Care Budget Reform and Transparency Act of 2009, a law that requires advance appropriations for the VA's three medical care accounts that fund VA health care programs; and

WHEREAS, Congress enacted Public Law 113-235, the Consolidated and Further Continuing Appropriations Act of 2015, that requires advance appropriations for three mandatory accounts of the Veterans Benefits Administration (VBA), compensation and pensions, readjustment benefits, and veterans insurance and indemnities; and

WHEREAS, the VA's leadership and employees and veterans served by VA health care facilities have universally reported that advance appropriations have allowed the VA to more efficiently and effectively deliver timely, quality health care to enrolled veterans; and

WHEREAS, VA health care programs and veterans mandatory benefits have largely been protected from the adverse effects of government shutdowns; and

WHEREAS, the remainder of the VA's discretionary budget, which includes information technology (IT), medical and prosthetic research, construction and general operating expenses—primarily VBA—could benefit from the timeliness and predictability offered by advance appropriations, particularly when unrelated budget stalemates, continuing resolutions and sequestration occur; and

WHEREAS, Public Law 111-81 required the Government Accountability Office (GAO) to study and report to Congress and the public on the VA's budget submissions in fiscal years 2011, 2012 and 2013, including an evaluation of the VA's budget estimates compared to the forecasts made by the VA's internal actuarial model; and

WHEREAS, GAO reported significant findings of unjustified, questionable changes the VA made during the internal budget development process, limitations of budget justifications and questionable reliability of proposed savings estimates; and

WHEREAS, recent budget requests for advance appropriations by the Administration and advance appropriations amounts provided for by Congress continue to be insufficient to meet the full demand for VA benefits and services; and

WHEREAS, DAV and congressional sponsors of the advance appropriations concept anticipated that full implementation of Public Law 111–81 would require continued oversight from Congress, DAV and others; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to authorize advance appropriations for all of the VA's discretionary and mandatory budget, which would extend advance appropriations to include IT, medical and prosthetic research, major construction, minor construction, State Home construction, state cemetery construction grants, general operating expenses (VBA and general administration), the National Cemetery Administration, the Office of Inspector General and all other mandatory benefits; AND

BE IT FURTHER RESOLVED that DAV continues to call on Congress and the VA to fully and faithfully implement Public Law 111–81, the Veterans Health Care Budget Reform and Transparency Act of 2009, to ensure sufficient, timely and predictable funding for veterans health care; AND

BE IT FURTHER RESOLVED that DAV supports legislation to permanently extend the GAO study and reporting requirements included in the Veterans Health Care Budget Reform and Transparency Act of 2009.

§ § §

RESOLUTION NO. 135

**SUPPORT LEGISLATION TO INCREASE MAXIMUM EVALUATION
FOR SERVICE-CONNECTED HEADACHES**

WHEREAS, the Department of Veterans Affairs (VA) rating schedule notes that the minimum schedular rating for consideration of Individual Unemployability is 60% for a single condition, or a combination of 70% with one of them being at least 40%; and

WHEREAS, at present, a veteran with the highest schedular rating for headaches, 50%, must be shown to have a very frequent completely prostrating and prolonged attack productive of severe economic inadaptability as stated at diagnostic code 8100, section 4.124a, title 38, Code of Federal Regulations; and

WHEREAS, a veteran currently in receipt of the maximum 50% rating for headaches due to very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability would not also qualify for consideration of a claim for Individual Unemployability based on that single disability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, proposes that the VA amend its regulations to increase the maximum evaluation for an individual with migraine headaches from the current 50% evaluation to a 60% rating to more appropriately address the industrial impairment attributable to that level of disability.

§ § §

RESOLUTION NO. 137

SUPPORT LEGISLATION TO OPPOSE THE PAYMENT OF ATTORNEY FEES BASED ON PERIODS WHEN THE ATTORNEY WAS NOT INVOLVED IN THE CLAIM

WHEREAS, revisions in the law and regulations governing the Department of Veterans Affairs (VA) have allowed for private agents and attorneys to charge for their representation of claimants before the VA; and

WHEREAS, those regulations, section 14.636(e), title 38, Code of Federal Regulations, contain some indications that there may be provision for limitation of the final payment awarded to the private agents and attorneys based on reasonable limitations, as noted in the written description of Fees Permitted:

Fees permitted for services of an agent or attorney admitted to practice before the VA must be reasonable. They may be based on a fixed fee, hourly rate; a percentage of benefits recovered; or a combination of such bases. Factors considered in determining whether fees are reasonable include:

1. The extent and type of services the representative performed;
2. The complexity of the case;
3. The level of skill and competence required of the representative in giving the services;
4. The amount of time the representative spent on the case;
5. The results the representative achieved, including the amount of any benefits recovered;
6. The level of review to which the claim was taken and the level of the review at which the representative was retained;
7. Rates charged by other representatives for similar services; and
8. Whether, and to what extent, the payment of fees is contingent upon the results achieved; and

WHEREAS, the VA rarely, if ever, restricts the amount of fee paid to the private agents and attorneys beyond restricting the amount to 20% of any retroactive amount payable; and

WHEREAS, many private agents and attorneys act in the role of representative in a particular case for only a matter of months, providing limited interaction on behalf of the claimant, and not demonstrating any particular knowledge of the case; and

WHEREAS, regardless of whether the private agent and/or attorney did any actual work that resulted in the eventual grant of benefits, the claimant is required to pay the 20% fee; and

WHEREAS, this frequently results in a windfall payment to the private agent and/or attorney at the immediate and direct expense of the claimant; and

WHEREAS, some private agents and/or attorneys, once they have engaged the signature of the client on the representation agreement, have prematurely disengaged as the representative without waiving their right of recovery for any future award; and

WHEREAS, that future award is often years later, resulting in an ever-expanding amount of retroactive pay; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to restrict the amount of payment to a private agent and/or attorney to a reasonable analysis of the actual work put into the case; and in no case should the payment extend beyond the date when either the claimant or the private agent and/or attorney ends the representation; and withdrawal by the private agent and/or attorney should result in a loss of all rights to recovery where they, for whatever reason, have opted to break the client/representative relationship.

§ § §

RESOLUTION NO. 138

**SUPPORT LEGISLATION TO EXPAND THE RECOGNIZED WARTIME
SERVICE PERIODS TO INCLUDE THOSE VETERANS WHO SERVED IN COMBAT
ENVIRONMENTS FROM HOSTILE MILITARY OR TERRORIST ACTIVITY
FROM NOVEMBER 4, 1979, THROUGH AUGUST 1, 1990**

WHEREAS, the Department of Veterans Affairs (VA) recognizes specific periods of time as being wartime periods; and

WHEREAS, the Vietnam era ended on May 7, 1975, and the Persian Gulf War era began on August 2, 1990 (sections 3.2(f) and (i), title 38, Code of Federal Regulations); and

WHEREAS, hundreds of thousands of United States service members were subjected to combat environments from hostile military or terrorist activity beginning on:

- November 4, 1979, with the seizure of the U.S. Embassy in Tehran and the subsequent ill-fated rescue mission, Operation Eagle Claw;
- May 1981 terrorist threats from and resulting combat action with Libya;
- The April 18, 1983, bombing of the U.S. Embassy in Beirut;
- The October 23, 1983, bombing of the Marine Barracks in Beirut;
- The October 25, 1983, invasion of Grenada;
- The December 12, 1983, bombing of the U.S. Embassy in Kuwait;
- The September 20, 1984, bombing of the U.S. Embassy annex northeast of Beirut;
- The April 5, 1986, bombing of La Belle, a discotheque in West Berlin known to be popular with off-duty U.S. service members;
- The resulting Operation El Dorado Canyon on April 15, 1986, that involved 200 U.S. aircraft bombing Libya;
- The 1989 buildup of U.S. troops in Panama, with increasing tensions and hostilities leading to the December 20, 1989, invasion of Panama by U.S. troops in Operation Just Cause;
- The unknown number of anti-terrorist activities that remain classified to this day; and

WHEREAS, any of the military participants of any of these combat environments from hostile military or terrorist activity who were wounded, physically or mentally, are entitled to service-connected compensation from the VA; they are otherwise not entitled to pension; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports a new wartime period covering the time frame of November 4, 1979, until August 1, 1990, plausibly identified as Middle East and South America Hostile enemy and terrorist activity.

§ § §

RESOLUTION NO. 139

SUPPORT LEGISLATION TO ALLOW FOR THE USE OF AN INTENT TO FILE IN CASES WHERE AN INITIAL OR SUPPLEMENTAL CLAIM FOR THE SAME OR SIMILAR BENEFIT ON THE SAME OR SIMILAR BASIS WAS PREVIOUSLY DECIDED

WHEREAS, the Department of Veterans Affairs (VA) published regulations allowing for the use of an Intent to File (ITF) that would make it easier for veterans to file fully developed claims that would allow for quicker decisions, easing the backlog of cases with the VA; and

WHEREAS, with the enactment of the Appeals Modernization Act on February 19, 2019, VA regulations specifically restricted the use of the ITF with a supplemental claim, defined by the VA as any complete claim for a VA benefit on an application form prescribed by the Secretary where an initial or supplemental claim for the same or similar benefit on the same or similar basis was previously decided; and

WHEREAS, the typical veteran does not maintain the legal sophistication to clearly understand when the claim they are presently seeking to file is a claim for the same or similar benefit on the same or similar basis that was previously decided; and

WHEREAS, the VA relies on its partnership with veterans service organizations (VSOs) to assist with many claim-related activities; and

WHEREAS, VSOs in turn rely on the development and submission of claims from a wide range of volunteer assistants; and

WHEREAS, the VSO volunteers have no reasonable way to understand when the veteran they are assisting is presenting a claim where the same or similar benefit on the same or similar basis was previously decided; and

WHEREAS, by accepting the use of the ITF in supplemental claims, the VA would have the opportunity to notify the veteran of the fact that the claim filed was considered to be the same or similar benefit on the same or similar basis that was previously decided; and

WHEREAS, that would allow the veteran, with VSO volunteer and professional staff assistance, to prepare a better claim; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to allow for the use of an ITF for any claim, to specifically include supplemental claims.

§ § §

RESOLUTION NO. 140

SUPPORT LEGISLATION TO EXPAND DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH TRANSITION SERVICES TO ALL SERVICE MEMBERS UPON DISCHARGE

WHEREAS, at present, the Department of Veterans Affairs (VA) provides limited mental health transition services to individuals who have incurred a traumatic physical injury; and

WHEREAS, individual service members being discharged with severe mental health issues due to traumatic experiences incurred on active duty are not being identified for enrollment in mental health transition services; and

WHEREAS, the VA has committed to expanding its suicide prevention programs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports enacting legislation that would expand the provision of mental health transition services to individuals who have, or are reasonably suspected to have been, exposed to traumatic events including, but not limited to, military sexual trauma, combat or other exposure to a hostile military or terrorist activity, natural or man-made disaster, or an individual disaster that would reasonably be believed by the layperson to have caused significant emotional distress.

§ § §

RESOLUTION NO. 141

SUPPORT LEGISLATION FOR SCIENTIFIC EVALUATION TO INCLUDE CONDITIONS OF THE THYROID AS A PRESUMPTIVE GULF WAR DISORDER

WHEREAS, the Department of Veterans Affairs (VA) has an established list of disabilities that are presumptively associated with service in Southwest Asia (SWA); and

WHEREAS, SWA refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea and the airspace above these locations for certain veterans (section 3.317(e)(2), title 38, Code of Federal Regulations); and

WHEREAS, the VA recognizes signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses associated with SWA service to include (1) fatigue, (2) signs or symptoms involving skin, (3) headache, (4) muscle pain, (5) joint pain, (6) neurological signs or symptoms, (7) neuropsychological signs or symptoms, (8) signs or symptoms involving the respiratory system (upper or lower), (9) sleep disturbances, (10) gastrointestinal signs or symptoms, (11) cardiovascular signs or symptoms, (12) abnormal weight loss and (13) menstrual disorders; and

WHEREAS, 10 of the common symptoms of a thyroid disorder include fatigue; weight changes (gain too much weight with hypothyroid and too little weight with hyperthyroid); muscle and joint pain; neck swelling (goiter); hair and skin changes; bowel changes; menstrual abnormalities; depression; carpal tunnel (weakness or tingling in the arms, wrists, hands and legs); and finally, family history; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, proposes that the VA immediately establish studies to determine whether thyroid disorder(s) are more common in veterans with SWA service than the general population, given that many of the common symptoms of a thyroid disorder are also the currently recognized signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses associated with SWA service.

§ § §

RESOLUTION NO. 142

SUPPORT LEGISLATION PLACING THE BURDEN ON THE DEPARTMENT OF VETERANS AFFAIRS TO DEMONSTRATE TO REFORM FUGITIVE FELON STATUS

WHEREAS, at present, the Department of Veterans Affairs (VA) has a recognized policy denying compensation, pension or dependent benefits to an individual listed as a fugitive felon; and

WHEREAS, at present, the VA accepts indications of fugitive status from local authorities; but the VA does not require information from the originating agency that any attempt has ever been made to locate the alleged fugitive, and the VA does not seek clarification on whether or not the claimant was actually fleeing or otherwise avoiding prosecution, custody or confinement, the criteria for establishing fugitive status; and

WHEREAS, the presumption by the VA against the claimant results in loss of VA benefits and significant hardships by the erroneously identified claimant in attempting to reinstate their benefits; and

WHEREAS, the individual often has years of government bureaucracy to overcome despite the fact that they have lived in the same location for years without anyone actually attempting to contact them prior to the VA's declaration of fugitive status; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation that requires the VA to verify that the originating agency has actually attempted to locate the claimant, and that the claimant has fled justice or was otherwise avoiding prosecution, custody or confinement, before the VA can seize their current benefits and establish overpayment for prior benefits dispensed.

§ § §

RESOLUTION NO. 145

**SUPPORT LEGISLATION AUTHORIZING THE PRESUMPTION
OF SERVICE CONNECTION FOR ALL RADIOGENIC DISEASES
AND ELIMINATE DOSE ESTIMATE REQUIREMENTS**

WHEREAS, members of the United States armed forces participated in test detonations of nuclear devices; served in Hiroshima or Nagasaki, Japan, following the detonation of nuclear weapons, including “cleanup” operations at test sites; and have conducted other activities exposing them to ionizing radiation; and

WHEREAS, the United States government knew or should have known the potential harm to the health and well-being of these service members but did not consistently keep adequate records on radiation exposure; and

WHEREAS, those described as “atomic veterans” served our nation with honor, courage and devotion to duty; and

WHEREAS, remedial legislation passed by Congress in 1984 has not been effective in ensuring that all atomic veterans are compensated for their radiogenic diseases; and

WHEREAS, the Department of Veterans Affairs (VA) has indicated only about 50 claimants have been awarded disability compensation and Dependency and Indemnity Compensation pursuant to Public Law 98–542, the Veterans’ Dioxin and Radiation Exposure Compensation Standards Act; and

WHEREAS, section 3.311, title 38, Code of Federal Regulations, requires dose estimate exposure levels for claims based on radiation and is a higher standard than for other disabilities associated with exposure, such as claims based on herbicide exposure during the Vietnam War; and

WHEREAS, the government has spent tens of millions of dollars to provide dose reconstruction estimates that do not accurately reflect actual radiation dose exposure of these veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress to enact legislation to provide presumptive service connection to atomic veterans for all recognized radiogenic diseases; AND

BE IT FURTHER RESOLVED that any veteran involved in cleanup operations following a detonation of a nuclear device hereinafter be considered an atomic veteran for purposes of eligibility for benefits and services provided by the VA; AND

BE IT FURTHER RESOLVED that DAV calls on Congress to support the elimination of dose exposure estimates required for diseases presumptive to ionizing radiation exposure and presume exposure to ionizing radiation for any radiation-exposed veteran with proof of radiation risk activities, to include atmospheric and underwater detonations.

§ § §

RESOLUTION NO. 146

SUPPORT LEGISLATION RECOGNIZING RACIAL TRAUMA AS A STRESSOR FOR POST-TRAUMATIC STRESS DISORDER

WHEREAS, current regulations direct that credible supporting evidence that the claimed in-service stressor occurred (section 3.304(f), title 38, Code of Federal Regulations (CFR)); and

WHEREAS, that regulation currently recognizes five situations where the Department of Veterans Affairs (VA) has specifically set out criteria for special consideration of the stressor: (1) diagnosed during service, (2) combat, (3) fear of hostile military or terrorist activity, (4) prisoner of war and (5) in-service personal assault; and

WHEREAS, a service member experiencing a racial trauma is exposed to an unexpected scenario in which they are largely helpless and over which they have no control; and

WHEREAS, their response may include feelings of anger, confusion, disbelief, dysphoria, fear, feelings of desocialization or derealization, hopelessness, humiliation, rage, shame and shock; and

WHEREAS, these recognized traumatic reactions may result in the disabled veteran experiencing and manifesting symptom clusters consistent with a diagnosis of post-traumatic stress disorder (PTSD), including:

- Reexperiencing through distressing memories, flashbacks, intrusive thoughts, nightmares, and physical and emotional distress at reminders;
- Avoidance through agoraphobia, attempting not to think about it, avoidance of people of the same or similar race that is responsible for the racial trauma, isolation and/or substance use/abuse;
- Negative alterations in cognitions manifested by the presence of anger, anxiety, belief that the world is unsafe, depression, guilt, helplessness and/or hopelessness, horror, inability to trust, self-blame and/or self-doubt;
- Alterations in arousal and reactivity that may include anger/rage with little provocation, concentration and memory problems, diminished interest or participation in prior significant activities, guilt, hypervigilance, fear, increased startle response, irritability, reckless or self-destructive behavior, reduction in positive emotions, sadness, shame, sleep impairment, social withdrawal, and verbal and/or physical aggression; and

WHEREAS, the law and regulations currently in effect require the veteran to provide “credible supporting evidence that the claimed in-service stressor occurred”; and

WHEREAS, this limitation on the law limits the disabled veteran’s ability to prove their case where the assailants may have been in their chain of command and therefore would be the ones responsible for ensuring the documentation, or lack thereof, of the incident; and

WHEREAS, even in the presence of a racial trauma perpetuated outside of the chain of command, the disabled veteran may not have been able to ensure formal documentation either through invalidation by those members of their command or due to fear and shame of reprisal or invalidation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to specifically include racial trauma as one of the identified categories of stressors in 38 CFR §3.304(f).

§ § §

RESOLUTION NO. 149

**SUPPORT LEGISLATION TO INCLUDE CHILDREN IN LEGAL CUSTODY AS A
DEPENDENT FOR DEPARTMENT OF VETERANS AFFAIRS' PURPOSES**

WHEREAS, per section 1072(2)(i), title 10, United States Code, (USC), military service members and military retirees can claim a dependent child that is an unmarried person who is placed in the legal custody of the member or former member as a result of an order of a court of competent jurisdiction in the United States (or possession of the United States); and

WHEREAS, 38 USC §101(4)(a), in part, defines dependent child as a person under the age of 18 years; or who, before attaining the age of 18, became permanently incapable of support; or who, after attaining the age of 18 but not after attaining the age of 23, is attending an education or training program; and

WHEREAS, a child is a person who is a legitimate child or a legally adopted child or a stepchild who is a member of the veteran's household; and

WHEREAS, when a child is placed in the legal custody or guardianship of a veteran, the child does not meet the above criteria as a dependent for Department of Veterans Affairs (VA) purposes; however, the child would be recognized by the Department of Defense, therefore creating an inequity; and

WHEREAS, the veteran and the child are placed at a disadvantage of not being able to utilize VA programs and benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to amend the definition of a child to include those placed into legal custody or guardianship of the veteran, even if on a temporary basis.

§ § §

RESOLUTION NO. 150

**SUPPORT LEGISLATION TO DIRECT THE SECRETARY OF VETERANS AFFAIRS
TO COORDINATE WITHIN THE DEPARTMENT OF VETERANS AFFAIRS AND
WITH THE DEPARTMENT OF DEFENSE TO VERIFY DEPENDENCY STATUS**

WHEREAS, current law and regulations allow for additional compensation for veterans who have a service-connected disability rating of 30% or more for the dependents; and

WHEREAS, it is the veteran's responsibility to inform the Veterans Benefits Administration (VBA) of changes in dependency; and

WHEREAS, veterans are often confused by the different sections of the Department of Veterans Affairs (VA) and report changes to the Veterans Health Administration (VHA) and/or through the Department of Defense's Defense Enrollment Eligibility Reporting System (DEERS); and

WHEREAS, VBA will establish an overpayment due to dependency changes that were not directly reported to VBA, regardless of whether VHA and/or DEERS reflected the changes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to formally direct the VA Secretary to accept any reports of dependency changes made to VHA and/or documented in DEERS to mitigate any alleged overpayment due to changes in dependency status; AND

BE IT FURTHER RESOLVED that DAV supports legislation to formally direct the VA Secretary to establish a method to accept and incorporate DEERS changes automatically into the VBA process, and to allow VHA changes to dependency to be reported to VBA.

§ § §

RESOLUTION NO. 152

**SUPPORT THE ELIMINATION OF THE 30-DAY REQUIREMENT
FOR DISEASES ASSOCIATED WITH EXPOSURE TO CONTAMINANTS
IN THE WATER SUPPLY AT CAMP LEJEUNE**

WHEREAS, section 3.307(a)(7)(i), title 38, Code of Federal Regulations (CFR), provides that contaminants in the water supply means the volatile organic compounds (VOCs) trichloroethylene (TCE), perchloroethylene (PCE), benzene and vinyl chloride that were in the on-base water supply systems located at United States Marine Corps Base Camp Lejeune; and

WHEREAS, 38 CFR §3.307(a)(7)(iii) notes that a veteran, or former reservist or member of the National Guard, who had no less than 30 days (consecutive or nonconsecutive) of service at Camp Lejeune during the period beginning on August 1, 1953, and ending on December 31, 1987, shall be presumed to have been exposed during such service to the contaminants in the water supply; and

WHEREAS, the 30-day requirement is not based on the potential systemic, external and internal exposures to the VOCs; and

WHEREAS, review of the National Research Council Committee on Contaminated Drinking Water at Camp Lejeune study, “Contaminated Water Supplies at Camp Lejeune: Assessing Potential Health Effects,” notes that the internal doses of TCE from showering provide inhalation and dermal exposure that is equivalent with ingesting 2 liters of water; and

WHEREAS, the Department of Veterans Affairs (VA) notice of proposed rulemaking on the above-referenced subject, as published in the Federal Register on September 9, 2016, notes, “VA experts agree that there is no science to support a specific minimum exposure level for any of the conditions”; and

WHEREAS, the VA plainly states, the 30-day requirement is intended to provide consistency with the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012, Public Law 112–154; and

WHEREAS, the VA notes in multiple instances that the 30-day requirement is to keep consistency with the requirement for health care but does not assert that there is a scientific basis or legal requirement for the 30-day period; and

WHEREAS, the 30-day requirement is not consistent with any other laws or regulations providing presumptive service connection for exposure to toxic substances, such as veterans exposed to herbicide agents during service in Vietnam; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the elimination of the 30-day requirement for diseases associated with exposure to contaminants in the water supply at Camp Lejeune, as it is not based on the potential systemic, external and internal exposures to the VOCs; predicated on any science; based on any legal requirements; or consistent with existing laws and regulations concerning presumptive service connection for exposure to toxic substances.

§ § §

RESOLUTION NO. 153

SUPPORT CONGRESSIONAL ACTION TO ENSURE THAT TOTAL DISABILITY BASED ON INDIVIDUAL UNEMPLOYABILITY REMAINS AVAILABLE FOR ALL VETERANS REGARDLESS OF AGE OR RECEIPT OF ANY OTHER EARNED FEDERAL BENEFITS

WHEREAS, when a veteran's disability is rated less than a total 100% evaluation, but he or she is unable to obtain or maintain substantial gainful employment, Department of Veterans Affairs (VA) regulations allow the veteran to apply for Total Disability Based on Individual Unemployability (TDIU); and

WHEREAS, TDIU is based on the severity of the individual veteran's unique disability picture and its impact on the veteran's ability to obtain and maintain substantial gainful employment; generally, the veteran must have a single disability rated at 60% or a combined evaluation of 70% to be eligible for TDIU; and

WHEREAS, reports published by the Congressional Budget Office (CBO) in November 2013, August 2014 and December 2016, as well as the Government Accounting Office (GAO) report in June 2015, made recommendations to limit TDIU based on age and entitlement to additional earned federal benefits; and

WHEREAS, the Administration's proposed 2018 budget contained a proposal to terminate IU ratings for veterans at age 62 and cut off TDIU benefits for any veteran already in receipt of Social Security retirement benefits; and

WHEREAS, the December 2018 CBO report contained a proposal to terminate IU ratings for veterans at age 65 and cut off TDIU benefits for any veteran already in receipt of Social Security retirement benefits; and

WHEREAS, VA regulation section 4.19, title 38, Code of Federal Regulations, states that the VA is precluded from considering the veteran's age in their determination of a TDIU; and

WHEREAS, TDIU is not a retirement or pension program and is neither similar nor related to Social Security retirement benefits; and

WHEREAS, a VA determination of a TDIU is not the same nor is it similar to federal unemployment insurance; it is a disability compensation benefit; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to enact legislation to protect TDIU for it to remain available for all veterans regardless of age or receipt of any other earned federal benefits.

§ § §

RESOLUTION NO. 155

REMOVE THE DELIMITING DATE FOR PERSIAN GULF VETERANS' ILLNESSES

WHEREAS, thousands of Gulf War veterans still suffer from chronic and unexplained physical symptoms; and

WHEREAS, current law limits filing dates for illnesses and injuries in veterans from certain service during active-duty periods, including the Southwest Asia theater of military operations; and

WHEREAS, section 3.317(i), title 38, Code of Federal Regulations, stipulates that diseases associated with service in the Persian Gulf must “manifest either during active military, naval or air service in the Southwest Asia theater of operations, or to a degree of 10% or more not later than December 31, 2021”; and

WHEREAS, the numerous symptoms experienced by sick Gulf War veterans are not well understood, and the causes of such symptoms remain elusive and answers could likely remain obscure for some time; and

WHEREAS, little significant research is being conducted on long-term health effects of many of the agents to which veterans were potentially exposed during the Gulf War; and

WHEREAS, additional research into the long-term health effects of exposures is needed, a fact confirmed in the “Gulf War and Health Volume 10: Update of Health Effects of Serving in the Gulf War, 2016” on the health effects of exposures during the Gulf War; and

WHEREAS, filing periods for injuries and illnesses related to service in any theater of military operations must remain open ended to ensure that benefits and services are available when those conditions ultimately manifest; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to support legislation to remove the delimiting date for disabilities as a result of active-duty services in the Southwest Asia theater of operation.

§ § §

RESOLUTION NO. 156

**SUPPORT LEGISLATION FOR STUDIES AND PRESUMPTIVE
DISEASES RELATED TO PFAS EXPOSURE**

WHEREAS, the acronym “PFAS” relates to perfluoroalkyl and polyfluoroalkyl substances that are man-made chemicals with at least one fully fluorinated carbon atom, are present in firefighting foams and do not break down in the environment; and

WHEREAS, in the 1970s, the Department of Defense (DOD) began using aqueous film-forming foam (AFFF) to fight fuel fires, and emergency response is a major source of PFAS contamination of groundwater on military bases; and

WHEREAS, in 2018, the DOD examined 524 installations for two of the most prevalent PFAS chemicals in AFFF, perfluorooctane sulfonate, or PFOS, and perfluorooctanoic acid, or PFOA, and found 401 locations with some level of contamination; and

WHEREAS, in March 2020, the DOD released new data showing that more than 600 military sites have been contaminated with PFAS, far more than previously disclosed; and

WHEREAS, according to the Agency for Toxic Substances and Disease Registry (ASTOR), some studies in humans suggest that certain PFAS may be associated with fertility issues and pregnancy-induced hypertension/preeclampsia, increased cholesterol, changes in the immune system, increased risk of certain cancers (e.g., testicular and kidney cancer), changes in fetal and child development, liver damage, increased risk of thyroid disease and increased risk of asthma; and

WHEREAS, some studies have reported these possible health outcomes, the overall scientific and medical evidence is currently inconclusive; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to establish and maintain a registry for eligible individuals who may have been exposed to PFAS, to ascertain and monitor the health effects of the exposure of members of the armed forces; AND

BE IT FURTHER RESOLVED that DAV supports legislation requiring the DOD or the VA to contract with the National Academies of Sciences, Engineering and Medicine to provide a study on the long-term health effects of PFAS exposure; AND

BE IT FURTHER RESOLVED that DAV supports the establishment of presumption of service connection or a concession of exposure for PFAS and establishment of presumptive diseases related thereto.

§ § §

RESOLUTION NO. 157

**SUPPORT LEGISLATION FOR HEALTH CARE AND
CONCESSION OF EXPOSURE FOR BURN PITS**

WHEREAS, it is estimated that over 3.5 million veterans were exposed to airborne toxins from burned waste products including, but not limited to, plastics, metal/aluminum cans, rubber, chemicals (such as paints, solvents), petroleum and lubricant products, munitions and other unexploded ordnance, wood waste, medical and human waste, and incomplete combustion byproducts; and

WHEREAS, during Operations Desert Shield/Desert Storm (1990–1991) and since, burn pits were utilized not only in Iraq but also in Kuwait, Oman, Qatar and Saudi Arabia, and since September 11, 2001, burn pits have been used throughout the operations in Afghanistan, Djibouti, Syria, Jordan, Egypt, Lebanon and Yemen, as well as in Iraq after March 20, 2003; and

WHEREAS, there is no current presumptive service connection, veterans must file claims for direct service connection for diseases and illnesses related to burn pit exposure, and according to the Department of Veterans Affairs (VA), from June 2007 through May 2020, 12,517 direct service connection claims were adjudicated for diseases related to burn pit exposure and roughly 80% of those claims have been denied; and

WHEREAS, in September 2020, the National Academies of Sciences, Engineering and Medicine completed its report, “Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations,” and concluded that there was inadequate or insufficient evidence to determine associations between exposure to toxins from burn pits and respiratory-related conditions; and

WHEREAS, if burn pit-exposed veterans are not service-connected and it has been more than five years since the end of their combat service, they are not eligible for VA health care for these conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to establish health care for burn pit-exposed veterans, to include by amending section 1710, title 38, United States Code, to extend the five-year combat requirement or by including burn pit exposure as part of the toxic exposure eligibility; AND

BE IT FURTHER RESOLVED that DAV supports legislation requiring the Department of Defense or VA to contract with the National Academies of Sciences, Engineering and Medicine to provide a study on the long-term health effects of burn pit exposure; AND

BE IT FURTHER RESOLVED that DAV supports the establishment of a concession of exposure or a presumption of service connection for burn pit exposure and the establishment of presumptive diseases related thereto.

§ § §

RESOLUTION NO. 158

**SUPPORT LEGISLATION TO REMOVE THE PROHIBITION
AGAINST DAV MEMBERS WHO ARE FEDERAL EMPLOYEES FROM
COMMUNICATING ON BEHALF OF DAV WITH FEDERAL AGENCIES**

WHEREAS, in order to support DAV's mission to provide assistance to service-connected disabled veterans, it often requires DAV members to communicate on behalf of DAV with federal agencies, including the Department of Veterans Affairs (VA); and

WHEREAS, DAV members who are federal employees are subject to federal ethics representational and communication prohibitions, including section 205, title 10, United States Code, which prohibits any federal employee from acting as an agent of any organization other than the federal government when communicating with federal agencies; and

WHEREAS, the Office of Government Ethics (OGE) is responsible for ethics policy in the federal government; and

WHEREAS, OGE has recognized that section 205 bars many reasonable communications by federal employees acting in their personal capacity with federal agencies, even when assisting charitable and service organizations; and

WHEREAS, OGE has recommended changes to section 205, but the changes have not been enacted; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports a legislative amendment to section 205 to establish a statutory exception to the representational and communication prohibitions for the benefit of congressionally chartered veterans service organizations, including DAV.

§ § §

RESOLUTION NO. 159

SUPPORT REAUTHORIZATION OF THE PERSIAN GULF WAR VETERANS ACT

WHEREAS, the Persian Gulf War Veterans Act of 1998, codified at section 1118, title 38, United States Code, provides for presumptive service connection for diseases related thereto; and

WHEREAS, subsection (b) provided requirements for the Secretary of the Department of Veterans Affairs (VA) to follow when prescribing new presumptive diseases, including determinations of positive association of diagnosed or undiagnosed illnesses; reports from the National Academies of Sciences, Engineering and Medicine (NASEM); and positive significantly statistical association; and

WHEREAS, subsection (c) provided that, not later than 60 days after the date on which the Secretary receives a report from NASEM, the Secretary shall determine whether or not a presumption is warranted for each illness covered by the report; and

WHEREAS, if the Secretary determines that a presumption of service connection is warranted, the Secretary shall, not later than 60 days after making the determination, issue proposed regulations setting forth the Secretary's determination; and

WHEREAS, if the Secretary determines that a presumption of service connection is not warranted, the Secretary shall, not later than 60 days after making the determination, publish in the Federal Register a notice of the determination, and the notice shall include an explanation of the scientific basis for the determination; and

WHEREAS, if the Secretary determines that a presumption of service connection is warranted, the Secretary shall, not later than 60 days after making the determination, issue proposed regulations setting forth the Secretary's determination; and

WHEREAS, the provisions of the Persian Gulf War Veterans Act of 1998, as noted above in subsection (b) and subsection (c), expired on September 30, 2011; and

WHEREAS, there are no longer any requirements for a positive association or time requirements for the Secretary to act on scientific reports; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to reauthorize all sections of the Persian Gulf War Veterans Act of 1998 to ensure that the presumptive process for diseases related to toxic exposures, as noted, remains available for veterans exposed.

§ § §

RESOLUTION NO. 160

SUPPORT REAUTHORIZATION OF THE AGENT ORANGE ACT

WHEREAS, the Agent Orange Act of 1991, codified at section 1116, title 38, United States Code, provides for presumptive service connection for diseases related thereto; and

WHEREAS, subsection (b) provided requirements for the Secretary of the Department of Veterans Affairs (VA) to follow when prescribing new presumptive diseases, including determinations of positive association of diagnosed or undiagnosed illnesses; reports from the National Academies of Sciences, Engineering and Medicine (NASEM); and positive significantly statistical association; and

WHEREAS, subsection (c) provided that, not later than 60 days after the date on which the Secretary receives a report from NASEM, the Secretary shall determine whether or not a presumption is warranted for each illness covered by the report; and

WHEREAS, if the Secretary determines that a presumption of service connection is warranted, the Secretary shall, not later than 60 days after making the determination, issue proposed regulations setting forth the Secretary's determination; and

WHEREAS, if the Secretary determines that a presumption of service connection is not warranted, the Secretary shall, not later than 60 days after making the determination, publish in the Federal Register a notice of the determination, and the notice shall include an explanation of the scientific basis for the determination; and

WHEREAS, if the Secretary determines that a presumption of service connection is warranted, the Secretary shall, not later than 60 days after making the determination, issue proposed regulations setting forth the Secretary's determination; and

WHEREAS, the provisions of the Agent Orange Act of 1991, as noted above in subsection (b) and subsection (c), expired on September 30, 2015; and

WHEREAS, there are no longer any requirements for a positive association or time requirements for the Secretary to act on scientific reports; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to reauthorize all sections of the Agent Orange Act of 1991 to ensure that the presumptive process for diseases related to toxic exposures, as noted, remains available for veterans exposed.

§ § §

RESOLUTION NO. 161

**SUPPORT LEGISLATION TO PROVIDE STUDIES RELATED TO, AND
HEALTH CARE AND BENEFITS RESULTING FROM, TOXIC EXPOSURES
AT KARSHI-KHANABAD AIR BASE, UZBEKISTAN**

WHEREAS, over 15,000 U.S. service members were deployed to the Karshi-Khanabad Air Base (K2) in Uzbekistan from 2001 to 2005; and

WHEREAS, while it was a Soviet air base, K2 had contained chemical weapons, enriched uranium, and soil saturated with fuels and other solvents; and

WHEREAS, recently declassified Department of Defense documents reveal that U.S. service members were exposed to multiple toxic hazards while stationed at K2, including jet fuel, kerosene, dangerous levels of particulate matter in the air as well as possible exposure to depleted uranium; and

WHEREAS, other health assessment tests found the base had elevated levels of volatile organic compounds, and total petroleum hydrocarbons (TPHs) were detected at numerous locations throughout K2; and

WHEREAS, air samples at the base found elevated levels of tetrachloroethylene as well as the residuals of chemical weapons, including cyanide in the showers; and

WHEREAS, a 2015 U.S. Army study found that veterans exposed at K2 have a 500% increased likelihood of developing cancer, to include malignant melanoma and neoplasms of the lymphatic and hematopoietic tissues; and

WHEREAS, veterans may not know for years or decades about the toxic or environmental conditions they were exposed to during military service; and

WHEREAS, returning from war, veterans may suffer from disabling conditions that are not immediately identified as a result of such exposures; and

WHEREAS, the Department of Veterans Affairs (VA) does not recognize or acknowledge service at K2 with high probability of exposure to any toxic exposures; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the recognition of the existence of toxic substances and environmental hazards at K2 and concession of exposure by all U.S. service members who served at K2 between January 1, 2001, and December 31, 2005; AND

BE IT FURTHER RESOLVED that DAV supports legislation to grant K2 veterans eligibility to VA health care, to include hospital care, medical services and nursing home care, by expanding the definition of toxic exposures in section 1710, title 38, United States Code; AND

BE IT FURTHER RESOLVED that DAV supports studies to identify illnesses and diseases that have a positive association, including a sufficient, limited or suggestive association, with exposure to any toxic substances or high levels of particulate matter and dust resulting from open burn pits that may have been at K2.

§ § §

RESOLUTION NO. 162

SUPPORT LEGISLATION THAT RECOGNIZES PRESUMPTIVE SERVICE CONNECTION FOR HYPERTENSION AND MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE AS RELATED TO EXPOSURE TO AGENT ORANGE AND HERBICIDES

WHEREAS, during the decade from 1961 to 1971, our military forces sprayed approximately 21 million gallons of herbicide agents in Vietnam; and

WHEREAS, these herbicide agents, the most common of which was designated “Agent Orange,” contained the contaminant dioxin, one of the most toxic substances known to exist; and

WHEREAS, the National Academies of Sciences, Engineering and Medicine (NASEM) update, “Veterans and Agent Orange,” published in 2016, noted that although the Department of Veterans Affairs (VA) has not found hypertension to be presumptively related to service in Vietnam, the committee reaffirmed the conclusions of previous studies that hypertension should be placed in the category of limited or suggestive evidence of association; and

WHEREAS, the VA study, “Herbicide Exposure, Vietnam Service, and Hypertension Risk in Army Chemical Corps Veterans,” found that exposure to herbicides is “significantly associated” with the risk of hypertension, or high blood pressure, in members of the Army Chemical Corps; and

WHEREAS, the December 2018 NASEM updated report reviewed the VA study and stated there is sufficient evidence of a relationship between hypertension, monoclonal gammopathy of undetermined significance (MGUS) and Agent Orange exposure; and

WHEREAS, in a March 2019 congressional hearing, the VA indicated that a decision on these presumptions could be released within 90 days; and

WHEREAS, subsequently, in a September 2019 Senate hearing, it was noted that VA leadership, in accordance with Policy 0215, had been considering the addition of these diseases since early summer 2019; and

WHEREAS, at a hearing in December 2020, the VA stated they were still seeking additional evidence before they could include the diseases; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to add hypertension and MGUS to the presumptive list in section 3.309(e), title 38, Code of Federal Regulations.

§ § §

RESOLUTION NO. 163

SUPPORT LEGISLATION TO EXPAND RADIATION RISK ACTIVITIES

WHEREAS, members of the United States armed forces participated in “cleanup” operations at various sites during different times, which are not recognized as radiation risk activities; and

WHEREAS, currently the Department of Veterans Affairs (VA) does not recognize participation in the cleanup of the crash site of a B-52 bomber carrying four hydrogen bombs and a KC-135 air refueling tanker in Palomares, Spain, for the period of January 7, 1966, to March 31, 1967, as a radiation risk activity; and

WHEREAS, approximately 650 acres at that site were contaminated with radioactive material; and

WHEREAS, as part of the U.S. effort, active service members participated in the cleanup; and

WHEREAS, the radiation safety journal Health Physics published an article in December 2019, stating the Air Force used the incorrect maximum safety radiation doses at the time, confirming the service members who participated in cleanup operations were likely exposed to unsafe levels of plutonium; and

WHEREAS, the VA currently does recognize those veterans who participated in nuclear testing at Enewetak Atoll from 1951 to 1959; and

WHEREAS, the VA does not recognize those 5,000 service members who participated in the subsequent cleanup operations, which moved contaminated soil and dirt from nuclear test sites into the concrete barriers built in the area from January 1, 1977, to December 31, 1980; and

WHEREAS, the presumption of service connection for radiation exposure applies to radiation risk activity participants, which does not include participants in cleanup operations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress to enact legislation to expand radiation risk activities and presume exposure to those service members who participated in cleanup operations; AND

BE IT FURTHER RESOLVED that DAV supports legislation to expand current VA-acknowledged radiation risk activities to include cleanup operations at both Palomares, Spain, and Enewetak Atoll.

§ § §

RESOLUTION NO. 179

SUPPORT A CHANGE IN REGULATORY REQUIREMENTS RATING UNDER SECTION 4.30, TITLE 38, CODE OF FEDERAL REGULATIONS, TO PROVIDE FOR A TEMPORARY TOTAL RATING FOR INCAPACITATION OF MORE THAN 21 DAYS

WHEREAS, with advances in modern medicine and increasing emphasis on more efficient use of health care resources, health care providers are being encouraged to utilize suitable alternatives to inpatient care; and

WHEREAS, as a consequence, veterans are often treated through home health services or convalesce at home rather than in the hospital; and

WHEREAS, convalescent ratings are currently only authorized where inpatient or outpatient treatment resulted in surgery or immobilization of a major joint by cast; and

WHEREAS, there are instances where the veteran's treatment did not involve surgery or casting of a major joint, but the veteran has undergone healing, convalescence or a therapeutic course in the home, with a duration of more than 21 days; and

WHEREAS, exacerbation of a service-connected disability sometimes makes work activities contraindicated for periods of more than 21 days; and

WHEREAS, in such instances, the therapeutic course, convalescence or restriction from work would occur in the home in lieu of hospitalization for more than 21 days; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports a change in section 4.30, title 38, Code of Federal Regulations, to provide for a temporary total rating if treatment or exacerbation of a service-connected disability results in a condition of temporary total incapacity for employment or temporary unavailability for employment by reason of home health care or ambulatory care, bed rest or confinement to the home, or contraindication of work activities for more than 21 days.

§ § §

RESOLUTION NO. 180

EXTEND ELIGIBILITY FOR VETERANS' MORTGAGE PROTECTION LIFE INSURANCE TO SERVICE-CONNECTED VETERANS RATED PERMANENTLY AND TOTALLY DISABLED

WHEREAS, Veterans' Mortgage Life Insurance (VMLI) is presently available to veterans entitled to the Specially Adapted Housing award under section 2101(a), title 38, United States Code; and

WHEREAS, service-connected veterans rated as permanently and totally disabled cannot obtain mortgage life insurance through commercial insurance companies; and

WHEREAS, their survivors and dependents must bear an undue hardship upon the death of such veterans; and

WHEREAS, the VMLI program provides mortgage life insurance to severely disabled veterans and service members who have also received a Specially Adapted Housing grant from the Department of Veterans Affairs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks the enactment of legislation which would extend VMLI to service-connected veterans who are rated as permanently and totally disabled.

§ § §

RESOLUTION NO. 187

**SUPPORT AN INCREASE IN THE DEPARTMENT OF VETERANS
AFFAIRS BURIAL ALLOWANCE FOR SERVICE-CONNECTED VETERANS
AND PROVIDE AUTOMATIC ANNUAL ADJUSTMENTS**

WHEREAS, the National Cemetery Administration burial allowance provides partial reimbursement for eligible funeral and burial costs, with a maximum payment of \$2,000 for service-connected burial allowance, \$300 for non-service-connected burial allowance and \$749 for non-service-connected plot allowance; and

WHEREAS, passage of Public Law 111–275, the Veterans’ Benefits Act of 2010, resulted in an increase in both plot allowance and burial allowance from \$300 to \$749 for non-service-connected deaths in Department of Veterans Affairs (VA) facilities, effective October 1, 2011; and

WHEREAS, this law did not increase the \$2,000 for burial and funeral expenses for service-connected deaths outside of VA facilities, nor is it indexed to the Consumer Price Index for annual adjustments; and

WHEREAS, the plot allowance introduced in 1973 was an attempt to provide a plot benefit for veterans who did not have reasonable access to a national cemetery, but neither the plot allowance nor the burial allowance was intended to cover the full cost of a civilian burial in a private cemetery; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to increase the burial allowance payable in the case of death due to service-connected disability regardless of whether the death occurs in a VA facility and provide for automatic annual adjustments indexed to the rise in the cost of living.

§ § §

RESOLUTION NO. 192

SUPPORT LEGISLATION TO PROVIDE A REALISTIC INCREASE IN DEPARTMENT OF VETERANS AFFAIRS COMPENSATION RATES TO ADDRESS LOSS OF QUALITY OF LIFE

WHEREAS, the Veterans' Disability Benefits Commission (the Commission) was established by Public Law 108-136, the National Defense Authorization Act of 2004, to address several measures, one of which was loss of quality of life; and

WHEREAS, current law requires that the Department of Veterans Affairs (VA) rating schedule compensate service-disabled veterans for average impairment of earning capacity; and

WHEREAS, the Commission concluded early in its deliberations that VA disability compensation should recompense veterans not only for average impairments of earning capacity but also for their inability to participate in usual life activities and for the impact of their disabilities on quality of life; and

WHEREAS, the Institute of Medicine (now the National Academy of Medicine) reached the same conclusion; moreover, it made extensive recommendations on steps to develop and implement a methodology to evaluate the impact of disabilities on veterans' quality of life and to provide appropriate compensation; and

WHEREAS, the Commission concluded that the VA rating schedule should be revised to include compensation for the impact of service-connected disabilities on quality of life; and

WHEREAS, for some veterans, quality of life is addressed in a limited fashion by special monthly compensation for loss of limbs or loss of use of limbs; and

WHEREAS, the Commission urged Congress to consider increases in some special monthly compensation awards to address the profound impact of certain disabilities on quality of life and to assess whether other ancillary benefits might be appropriate; and

WHEREAS, while a recommended systematic methodology is being developed for evaluating and compensating for the impact of disability on quality of life, the Commission recommended that an immediate interim increase of up to 25% of compensation rates be enacted; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to provide a realistic increase in VA compensation rates to address loss of quality of life.

§ § §

RESOLUTION NO. 194

OPPOSE REGIONAL DISPERSION OF THE BOARD OF VETERANS' APPEALS

WHEREAS, veterans and other claimants for veterans benefits may appeal ratings and other decisions of the various and geographically dispersed benefit offices and medical facilities of the Department of Veterans Affairs (VA); and

WHEREAS, inaccuracy and lack of uniformity are pervasive among the claims decisions of the many VA field offices; and

WHEREAS, one board, the Board of Veterans' Appeals (Board) in Washington, D.C., hears all appeals; and

WHEREAS, appellants, Board members and taxpayers derive numerous benefits from an appellate board housed in one centralized location, some of the more obvious of which are:

- Availability of the collective expertise of the entire Board;
- Professional interaction and association among Board members and staff;
- Shared and uniform training;
- Common and shared goals and responsibilities;
- Economies of scale from pooled resources and the most efficient workload distribution, with the flexibility and capacity to readjust the workload as necessary between members and support staff;
- A positive environment and employee incentives for developing creative solutions and innovations to meet and overcome the challenges inherent in a system of mass adjudication of claims;
- More efficient and effective centralized case management and storage;
- More effective centralized Board administration and hands-on employee oversight; and

WHEREAS, Congress created the Board after repeated failed experiments with various configurations of regional appellate panels that were plagued by persistent inefficiencies and problems and were proven impractical and poorly suited to properly dispose of veterans' appeals; and

WHEREAS, such regional reorganization of the Board would be extremely unwise, wholly unwarranted, and not in the best interests of veterans or taxpayers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, categorically opposes any decentralization of the Board of Veterans' Appeals.

§ § §

RESOLUTION NO. 195

SUPPORT LEGISLATION TO REQUIRE THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS TO DECIDE EACH OF APPELLANT’S ASSIGNMENTS OF ERROR

WHEREAS, Congress passed the Veterans’ Judicial Review Act of 1988 (VJRA) and created the United States Court of Veterans Appeals (currently the United States Court of Appeals for Veterans Claims) (Court); and

WHEREAS, the VJRA granted the Court the authority to decide all relevant questions of law and to hold unlawful and set aside or reverse any finding of material fact adverse to the claimant, which is clearly erroneous; and

WHEREAS, due to long delays in claims processing at the Department of Veterans Affairs (VA), it can take veterans years to get their appeals before the Court; and

WHEREAS, in many appeals, the Court will ignore the appellants’ legal arguments and remand an appeal to the Board of Veterans’ Appeals (Board) based on the General Counsel’s confession of error that the Board failed to provide adequate reasons or bases for its decision to deny the benefit; and

WHEREAS, a remand due to lack of reasons or bases allows the VA to reopen the evidentiary record and obtain other evidence to support the continuation of the denial; and

WHEREAS, a veteran must appeal to the Court a second time and, in some cases, a third or fourth time to obtain a decision on the merits of his or her appeal; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation that would require the Court to decide each assignment of error and to reverse any such errors found; AND

BE IT FURTHER RESOLVED that Congress should enact legislation providing the Court should have the authority to modify or remand any Board decision found to contain any error or errors, that the authority to modify should include the power to order an award of benefits in appropriate cases, and that an appellant should be expressly permitted to waive confessions of error made by the appellee.

§ § §

RESOLUTION NO. 196

SUPPORT LEGISLATION TO CAP ATTORNEYS' FEES FOR BENEFITS COUNSELING AND CLAIMS SERVICES BEFORE THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, our nation established veterans programs to repay or reward veterans for their extraordinary service and sacrifices on behalf of their fellow citizens; and

WHEREAS, in the spirit in which special benefits are provided to especially deserving beneficiaries, our citizens intended these benefits to be dispensed through an open, helpful and informal system in which the government is duty bound to receive every claimant as entitled and provide every reasonable assistance in developing and shepherding the claim through the entire administrative process while affording consideration of all legal avenues toward granting every benefit that can be supported in law; and

WHEREAS, the programs are also designed in a manner that ensures veterans and their families will receive the full measure of aid from disability compensation and other payments without taxation and with protections that ensure they are not diverted to others who have no entitlement to them; and

WHEREAS, Congress has set the rates of these modest benefits to be minimally adequate for their intended purposes, such as assisting disabled veterans and their families in purchasing the necessities of life or obtaining services necessary to ameliorate the effects of disability, and the amounts provided do not contemplate or allow for any reduction or diminishment in buying power such as will occur when a portion is diverted to attorneys; and

WHEREAS, acquiescence in any general situation in which obtaining veterans benefits required hiring an attorney and surrendering a portion of disability compensation or other benefits obtained to the attorney fundamentally contradicts and undermines the spirit of the benefit programs created solely to aid and meet the special needs of disabled veterans and their dependents and survivors; and

WHEREAS, it is inappropriate for Congress to disavow the government's obligation to ensure veterans receive the benefits due them by passing them off to the legal profession where their plight might well depend on or be determined by their potential for producing attorney fees; and

WHEREAS, in 2006, Congress passed legislation, Public Law 109-461, the Veterans Benefits, Health Care and Information Technology Act of 2006, which allows attorneys to charge a veteran a fee for counseling and claims service following the filing of a Notice of Disagreement; and

WHEREAS, the initial intent of veterans benefits recognized that no disabled veteran should have to pay an attorney significant fees to obtain the benefits that a grateful nation provides and the veteran is rightfully due; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, seeks legislation to provide for a reasonable cap on the amount of fees an attorney can charge veterans for benefits counseling and claims services before the Department of Veterans Affairs.

§ § §

RESOLUTION NO. 197

INCREASE THE HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS GRANT

WHEREAS, under section 1717, title 38, United States Code, the Home Improvement and Structural Alterations (HISA) program, veterans with service-connected disabilities or veterans with non-service-connected disabilities may receive assistance for any home improvement necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities; and

WHEREAS, a HISA grant is available to veterans who have received a medical determination indicating that improvements and structural alterations are necessary or appropriate for the effective and economical treatment of the veteran; and

WHEREAS, a veteran may receive both a HISA grant and either a Special Home Adaptation grant or a Specially Adapted Housing grant; and

WHEREAS, the HISA improvement benefit provides up to \$6,800 to service-connected veterans and up to \$2,000 to non-service-connected veterans as a result of the Caregivers and Veterans Omnibus Health Services Act of 2010; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls for a reasonable increase in HISA benefits for veterans.

§ § §

RESOLUTION NO. 231

AMEND PROVISIONS REGARDING ELIGIBILITY FOR AUTOMOBILE ADAPTIVE EQUIPMENT TO INCLUDE ANY VETERAN WHOSE SERVICE-CONNECTED DISABILITY INHIBITS THE ABILITY TO SAFELY OPERATE A MOTOR VEHICLE

WHEREAS, section 3902, title 38, United States Code (USC), and section 17.119(a), title 38, Code of Federal Regulations, restrict the eligibility for adaptive automobile equipment to those veterans who qualify for the automobile grant as specified in 38 USC §3901; and

WHEREAS, not all veterans whose service-connected disabilities prohibit the safe operation of a motor vehicle meet the requirements of 38 USC §3901; and

WHEREAS, these service-connected disabled veterans should be provided the adaptive equipment necessary to safely operate a motor vehicle; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation that would authorize the Department of Veterans Affairs to provide or assist in providing the adaptive equipment deemed necessary to any veteran whose service-connected disability interferes with the safe operation of a motor vehicle.

§ § §

RESOLUTION NO. 236

SUPPORT LEGISLATION TO GRANT ENTITLEMENT TO AID AND ATTENDANCE TO A VETERAN’S SERIOUSLY DISABLED CHILD

WHEREAS, part 3, section 356, title 38, Code of Federal Regulations (CFR), provides additional compensation for a veteran whose child is shown to be permanently incapable of self-support by reason of mental or physical defect at the date of attaining the age of 18 years; and

WHEREAS, a veteran’s seriously disabled and or handicapped child is significantly impaired in their ability to conduct activities of daily living; and

WHEREAS, section 1114, title 38, United States Code, provides aid and attendance benefits for veterans, their spouse and dependent parents who have significant disabilities as to be in need of regular aid and attendance; and

WHEREAS, 38 CFR §3.352 states entitlement is held to exist when the veteran requires the assistance of others for the ability to dress and undress themselves, or to keep themselves clean and presentable, or to perform frequent adjustment of special prosthetic or orthopedic appliances, or to attend to bowel and bladder self-care, or to protect themselves from hazards or dangerous incidents to their daily environment; and

WHEREAS, the veteran’s seriously disabled child, in many cases, requires the aid and attendance of another individual to perform functions of daily living; and

WHEREAS, the seriously disabled child is already deemed to be handicapped by the Department of Veterans Affairs; and

WHEREAS, it is inherently unfair that the veteran and the seriously disabled child carry this additional burden without additional compensation despite being an immediate family member of the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to allow the seriously disabled child of a veteran who meets the aforementioned criteria be granted the ability to seek additional compensation by way of aid and attendance.

§ § §

RESOLUTION NO. 239

REQUIRE THE VETERANS HEALTH ADMINISTRATION AND THE VETERANS BENEFITS ADMINISTRATION TO ADDRESS THE NEED FOR TELEPHONE ACCESS TO HOSPITAL SERVICES AND BENEFITS FOR VISUALLY IMPAIRED VETERANS TRYING TO OBTAIN SAID HEALTH CARE AND OTHER BENEFITS VIA LAND LINE OR MOBILE PHONE DEVICES

WHEREAS, section 12102, title 42, United States Code, establishes persons' disabilities and major life activities to be covered; and

WHEREAS, in enacting the Americans with Disabilities Act (ADA) of 1990, Congress intended that the Act "provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities" and provide broad coverage; and

WHEREAS, the Veterans Health Administration (VHA) is required as a public entity to follow the precepts of the ADA; and

WHEREAS, it is also VHA policy that contacting the hospital via a telephonic device requires the veteran to engage the automated system through a series of keypad tones; and

WHEREAS, these actions are prohibitive where numeric depressions on a keypad such as a land line or mobile device are difficult if not overwhelming for a visually impaired veteran; and

WHEREAS, a second person is often required to assist the veteran in initiating first contact counter to the precepts of the ADA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the Department of Veterans Affairs (VA) to develop and implement a consistent policy requiring VA health care facilities and Veterans Benefits Administration offices and call centers with optional paths for telephonic initial contact.

§ § §

RESOLUTION NO. 283

SUPPORT CHANGE IN LAW ALLOWING A COMPENSABLE RATING FOR UNFAVORABLE OR FAVORABLE ANKYLOSIS OF THE RING OR LITTLE FINGER

WHEREAS, diagnostic codes 5224, 5225, 5226, section 4.71(a), title 38, Code of Federal Regulations (CFR), allow a compensable rating for the thumb, index finger and long finger, respectively, due to unfavorable or favorable ankylosis; and

WHEREAS, a significant component of grip resides in the ring and little finger; and

WHEREAS, unfavorable or favorable ankylosis of the ring or little finger results in loss/loss of use of the involved digit; and

WHEREAS, unfavorable or favorable ankylosis of the ring or middle finger results in impairment of the entire hand; and

WHEREAS unfavorable or favorable ankylosis of the ring or little finger impacts employment for any occupation that requires delicate and precise use of the hand and fingers (jewelers, data entry, upholsterer, mechanic, surgeon); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the assignment of a compensable rating for unfavorable or favorable ankylosis of the ring or little finger, pursuant to 38 CFR §4.71(a), diagnostic code 5227.

§ § §

RESOLUTION NO. 293

INCREASE GRANT FUNDING FOR LOCAL VETERANS CEMETERIES

WHEREAS, the Department of Veterans Affairs (VA) Veterans Cemetery Grants Program was established in 1978 to complement the VA's National Cemetery Administration; and

WHEREAS, the program was established to assist states, territories and federally recognized tribal governments in providing gravesites for veterans in those areas where the VA's national cemeteries cannot fully satisfy their burial needs; and

WHEREAS, the funding of the grant may be used only for the purpose of establishing, expanding or improving veterans cemeteries that are owned and operated by a state, federally recognized tribal government or U.S. territory and can only be provided to these entities; and

WHEREAS, the current budget for this grant program is \$5 million per year while the total application requests for this funding far exceed the allocated budget; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, requests an increase in the VA's Veterans Cemetery Grant Program budget to \$10 million per year to cover the establishment, improvement, operations and maintenance for these cemeteries.

§ § §

RESOLUTION NO. 295

SUPPORT LEGISLATION THAT CONCEDES EXPOSURE TO HERBICIDE AGENTS OF SERVICE MEMBERS WHO SERVED IN GUAM, AMERICAN SAMOA AND JOHNSTON ATOLL DURING THE VIETNAM ERA

WHEREAS, the Department of Veterans Affairs (VA) has claimed that the herbicides sprayed on the Pacific islands of Guam, American Samoa and Johnston Atoll were commercial herbicides rather than tactical herbicides; and

WHEREAS, the VA has denied disability compensation claims related to exposure to herbicides by veterans who served in Guam, American Samoa and Johnston Atoll on this basis; and

WHEREAS, in a 2018 report, the Government Accountability Office stated that both commercial and tactical herbicides contain the chemicals 2,4,5-T and 2,4-D, the toxins in Agent Orange, which, when combined, make the deadly toxin 2,3,7,8-TCDD; and

WHEREAS, in May 2020, the National Veterans Legal Services Program and the Veterans Legal Services Clinic published a report indicating that veterans who served in Guam from 1962 to 1975 were at least as likely as not exposed to herbicides during their service, to include dioxin-containing herbicides other than Agent Orange; and

WHEREAS, veterans who served in American Samoa during the Vietnam era claim to have witnessed Agent Orange or other herbicides transported or stored at the island; and

WHEREAS, evidence in private and government records shows that Agent Orange was stored on Johnston Atoll between 1972 and 1977, that the herbicide was disposed of at sea during the summer of 1977, and military personnel were likely exposed during storage and disposal; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports enactment of legislation that concedes exposure to herbicide agents of service members who served in Guam, American Samoa and Johnston Atoll during the Vietnam era.

§ § §

RESOLUTION NO. 314

**REMOVE REQUIREMENT OF MANIFESTATION OF CHLORACNE AND
PORPHYRIA CUTANEA TARDA AND ACUTE AND SUBACUTE PERIPHERAL
NEUROPATHY WITHIN ONE YEAR OF EXPOSURE TO AGENT ORANGE**

WHEREAS, the Department of Veterans Affairs (VA) currently recognizes a total of 14 diseases as presumptive to Agent Orange exposure; and

WHEREAS, section 1116, title 38, United States Code, establishes presumptive service connection for diseases based on exposure to Agent Orange which requires that chloracne and porphyria cutanea tarda become manifest to a degree of 10% or more within one year after service in the Republic of Vietnam; and

WHEREAS, section 3.307(a)(6)(ii), title 38, Code of Federal Regulations, requires the presumptive disease, acute and subacute peripheral neuropathy, to become manifest to a degree of 10% or more within one year of exposure to herbicides; and

WHEREAS, the limitations placed on the three above noted diseases create unreasonable requirements on veterans to provide evidence of manifestations of symptoms from 50 years ago and create an inequity; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to remove the requirement of manifestation of symptoms to a compensable degree within one year of exposure for chloracne and porphyria cutanea tarda and acute and subacute peripheral neuropathy.

§ § §

RESOLUTION NO. 315

**SUPPORT LEGISLATION TO CREATE PRESUMPTIVE SERVICE CONNECTION FOR
LONG-TERM HEALTH EFFECTS OF ANTI-MALARIAL MEDICATIONS**

WHEREAS, malaria is a serious infectious disease transmitted by mosquitoes and is found in Iraq; Afghanistan; and many areas in Africa, South America and Asia; and

WHEREAS, mefloquine, an anti-malarial drug, was approved by the Food and Drug Administration (FDA) in May 1989 and was widely prescribed to U.S. military service members until 2009; and

WHEREAS, the Journal of the Royal Society of Medicine reported on three randomized controlled trials between 2001 and 2003, and the studies confirmed mefloquine's potential for causing psychological illness, and all three study reports described an excess of neuropsychiatric adverse effects in the mefloquine arm; and

WHEREAS, the December 2010 study "Suicide by Skull Stab Wounds: A Case of Drug-Induced Psychosis" was the first report of a completed suicide with very strong evidence of mefloquine implication; and

WHEREAS, in 2013, the FDA published a safety alert on mefloquine and added a black box warning (its strongest warning) to the drug label; and

WHEREAS, the FDA notice pointed out that neurologic side effects can include dizziness, loss of balance (vestibular problems) and tinnitus and psychiatric side effects can include anxiety, paranoia, depression or hallucinations; and

WHEREAS, the FDA noted that the neurologic or psychiatric side effects may occur at any time during drug use and may last for months to years after the drug is stopped; and

WHEREAS, the study "Neuropsychiatric Outcomes After Mefloquine Exposure Among U.S. Military Service Members," published in January 2017, found that relative risks for adjustment disorder, anxiety, insomnia and post-traumatic stress disorder were higher for mefloquine when compared with doxycycline, another anti-malarial drug; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to establish presumptive service connection for the long-term health effects caused by anti-malarial drugs, to include mefloquine.

§ § §

RESOLUTION NO. 319

SUPPORT LEGISLATION TO REMOVE THE VETERAN’S PERSONAL IDENTIFICATION INFORMATION FROM HIS/HER CLAIM IDENTIFICATION

WHEREAS, an individual’s Social Security number is now assigned at birth and is directly linked to bank accounts, income taxes and all personal credit references; and

WHEREAS, the Department of Veterans Affairs (VA) promised many years ago to discontinue using veterans' Social Security numbers as the veterans' claim numbers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, requests that the VA discontinue using Social Security numbers and promptly assign a unique “C” or claim number to all veterans who have or will file a disability claim with the VA.

§ § §

RESOLUTION NO. 320

**SUPPORT A CHANGE IN REGULATORY REQUIREMENTS
FOR TEMPORARY TOTAL DISABILITY RATINGS**

WHEREAS, with advances in modern medicine and increasing emphasis on more efficient use of health care resources, health care providers are being encouraged to utilize suitable alternatives to inpatient care; and

WHEREAS, as a consequence, veterans are often treated through home health services or convalesce at home rather than in hospital; and

WHEREAS, convalescent ratings are currently only authorized where inpatient or outpatient treatment resulted in surgery or immobilization of a major joint by cast; and

WHEREAS, instances occur in which a veteran's treatment does not involve surgery or casting of a major joint, but the veteran undergoes healing, convalescence or a therapeutic course in the home, with a duration of one month or more; and

WHEREAS, exacerbation of a service-connected disability sometimes contraindicates work or other activities for periods of one month or more; and

WHEREAS, in such instances, a therapeutic course, convalescence, or restriction from work for one month or more would occur in the home in lieu of hospitalization; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports a change in section 4.30, title 38, Code of Federal Regulations, to provide a temporary total rating of a veteran if treatment or exacerbation of a service-connected disability results in a condition of temporary total incapacity for employment or temporary unavailability for employment by reason of home health care or ambulatory care, bed rest or confinement to the home, or contraindication of work activities for one month or more.

§ § §

RESOLUTION NO. 493

ESTABLISH IMMEDIATE AUTHORIZATION OF GRANTS BY THE BOARD OF VETERANS' APPEALS ON ALL CASES ADVANCED ON THE DOCKET

WHEREAS, in a case before the Board of Veterans' Appeals (Board), an appellant can request the case advanced on the docket, due to financial hardship, homelessness and/or a serious illness; and

WHEREAS, once the Board grants an appeal that is advanced on the docket, it is then sent to either the agency of original jurisdiction (AOJ) or the Appeals Resource Center (ARC) for the decision to be granted, authorized and promulgated prior to payment of benefits to an appellant; and

WHEREAS, the average processing time of these cases by the AOJ or the ARC can be more than 90 days; and

WHEREAS, many appellants with serious illness die prior to the grant and authorization; and

WHEREAS, this delay defeats the purpose of the Board granting a case to be advanced on the docket; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the allocation of VA resources either to the Board of Veterans' Appeals or via the National Work Queue, to grant, authorize and promulgate all cases advanced on the docket and granted by the Board of Veterans' Appeals within 30 days of the decision.

§ § §

RESOLUTION NO. 504

SUPPORT THE TRANSLATION OF VETERANS AFFAIRS LITERATURE

WHEREAS, a Department of Veterans Affairs (VA) report of 2018 noted that approximately 75% of non-English-speaking veterans do not file for VA compensation benefits; and

WHEREAS, VA public service announcements, forms and instructions are usually only in English, with a few provided in Spanish; and

WHEREAS, this greatly limits the ability of non-English-speaking veterans and their family members to understand instructions and complete applications; and

WHEREAS, VA forms and procedures for applying for VA benefits should be translated to the same threshold languages recognized by the Census Bureau, specifically Chinese, Vietnamese, Korean, Russian, Arabic, Tagalog, Polski, French, Haitian, Creole, Portuguese, Japanese and Spanish; and

WHEREAS, one of DAV's primary missions is to increase veteran awareness, outreach and access to VA benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to translate forms and procedures for all VA benefits into to the threshold languages and improve accessibility for non-English-speaking veterans.

§ § §

Hospital and Voluntary Service

RESOLUTION NO. 005

**IMPROVE THE CARE PROVIDED TO VETERANS WITH
SERVICE-CONNECTED DISABILITIES AFFECTING THE ABILITY TO
PROCREATE THROUGH ASSISTED REPRODUCTIVE TECHNOLOGY**

WHEREAS, during the recent conflicts in Afghanistan and Iraq, reliance on dismounted patrols and frequent exposure to improvised explosive devices (IED) have significantly increased genitourinary (GU) trauma; and

WHEREAS, an estimated 12% of war injuries involve some kind of genitourinary trauma; and

WHEREAS, the Department of Defense (DOD) Joint Theater Trauma Registry reports that the highest percentage of trauma admissions were GU injuries (the largest report of GU injuries during any military conflict), and, of those, more than half were within child-bearing age and were injured due to explosions; and

WHEREAS, sexual functioning can be impaired by physical, psychological and social factors that can diminish the quality of life of military service personnel; and

WHEREAS, the DOD currently offers multiple assisted reproductive technology services for military service personnel who have lost procreative ability due to service-related illness or injury, to include those suffering neurological, physiological and/or anatomical loss; and

WHEREAS, emerging evidence suggests mental health conditions related to military service, including post-traumatic stress disorder and toxic exposures during military service, may be associated with infertility; and

WHEREAS, assistive reproductive services are only provided to consenting personnel who have lost the ability to procreate due to certain specific service-related injuries that omit mental health conditions and toxic exposures; and

WHEREAS, the Department of Veterans Affairs (VA) has based its guidance on providing assisted reproductive technology to gravely injured veterans or their legal different-sex spouses on DOD policy which limits options available to many other veterans who have made great sacrifices in the protection of the nation; and

WHEREAS, veterans who, due to their military service, are unable to procreate and require reproductive assistance or who are unmarried or married to same-sex partners have already paid a price greater than any monetary assessment and have earned the right to have a family and it is incumbent on the VA to make them whole to every extent possible; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, supports legislation which would include in the VA's health benefits package the use of assisted reproductive technologies for veterans who have lost the ability to procreate due to service-related injury or illness, including any conditions that may affect fertility that were not present prior to military service and regardless of marital status.

§ § §

RESOLUTION NO. 006

**SUPPORT SUFFICIENT RESOURCES FOR POLYTRAUMA UNITS
AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS**

WHEREAS, the Department of Veterans Affairs (VA) Polytrauma System of Care is the largest integrated system of care dedicated to the medical and rehabilitation needs of veterans and service members with combat- and non-combat-related traumatic brain injuries (TBI) and polytrauma; and

WHEREAS, catastrophically injured veterans are treated at five Polytrauma Rehabilitation Centers (PRC), located in Tampa, Richmond, Minneapolis, San Antonio and Palo Alto, for intensive care and long-term restoration and rehabilitation; and

WHEREAS, Polytrauma Support Clinic Teams or Polytrauma Points of Contact are located in VA medical centers across the country to provide specialized outpatient care in coordination with their Polytrauma Network Site (PNS) and offer continuing medical and rehabilitation care and support closer to the home community for veterans who have experienced a mild to moderate TBI or polytraumatic injury; and

WHEREAS, veterans spend long periods in the VA recovering from their injuries and receiving patient-centered care in specialized polytrauma settings; and

WHEREAS, this specialized care is extraordinarily expensive and complex, often addressing complications from multiple amputations, TBI, burns, hearing and visual impairments, multiple shell fragment wounds and other catastrophic injuries; and

WHEREAS, since the VA's current nursing home capacity is primarily designed to serve elderly veterans, the VA must make every effort to create an age-appropriate environment for younger veterans that recognizes their different psychosocial needs; and

WHEREAS, having the support of their families and friends is an integral part of these veterans' treatment and recovery process; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on the Secretary of Veterans Affairs to continue to request and allocate sufficient resources for polytrauma centers and PNSs to ensure these centers include adequate space and other services for veterans' ongoing rehabilitation, social and recreational needs and dedicated space, including therapeutic residential facilities, for disabled veterans and family members who must often stay for extended periods to assist in veterans' recovery and rehabilitation; AND

BE IT FURTHER RESOLVED that DAV calls on the Secretary to support provision of longer-term neurobehavioral and vocational support in age-appropriate settings within or outside of the VA for veterans with moderate to severe injuries who require such programming.

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RESOLUTION NO. 007

**SUPPORT SUFFICIENT FUNDING FOR DEPARTMENT OF
VETERANS AFFAIRS PROSTHETICS AND SENSORY AIDS SERVICE
AND TIMELY DELIVERY OF PROSTHETIC ITEMS**

WHEREAS, the Department of Veterans Affairs (VA) has operated a nationwide prosthetics and sensory aids program, organized as Prosthetics and Sensory Aids Service (PSAS), for more than a half-century; and

WHEREAS, tens of thousands of veterans need the VA's life-changing PSAS care and services and obtain a variety of items, including prosthetic limbs, custom wheelchairs, orthotic items, eyeglasses, hearing aids, a variety of implantable surgical devices and supplies—a need that continues to rise due to the aging of the veteran population and grievous injuries in war veterans, past and present; and

WHEREAS, in fiscal year (FY) 2020, the VA provided 21 million prosthetic items or devices to 3.3 million veterans; and

WHEREAS, in FY 2020, the VA provided artificial limbs to almost 27,000 veterans and wheeled mobility to about 148,000 veterans; and

WHEREAS, in many cases, prosthetic items are a truly individualized extension of the body and can impact all aspects of veterans' lives; and

WHEREAS, the VA must maintain flexibility in ordering and delivering a variety of state-of-the-art prosthetic aids to meet the unique needs of wounded, ill and injured veterans, including women veterans who require prostheses that are sized appropriately for their bodies and allow for the physical changes in their bodies during pregnancy and menses; and

WHEREAS, PSAS is nearing completion of regulations designed to standardize its procurement policies and administrative processes and to improve its purchasing power and leverage its position in the prosthetic, orthotic and medical device marketplace; and

WHEREAS, changes in procurement practices have in some cases negatively affected the timeliness of delivery and quality of prosthetic, orthotic and other items to many veterans and may limit veterans' access to prostheses that “promote, preserve or restore” function, in accordance with current law; and

WHEREAS, throughout the process, the VA should ensure appropriately trained prosthetic representatives and rehabilitation specialists are available to maintain the VA's strong connection between veterans and clinical components of prosthetic care and services; and

WHEREAS, the VA must rededicate itself to becoming a leader in prosthetic care by providing cutting-edge services and items to help injured, ill and wounded veterans fully regain mobility and achieve maximum independence in their activities of daily living and in sports activities such as running, cycling, skiing, rock climbing and other physical exercises, if they so choose; and

WHEREAS, research and development funding in addition to ongoing training to ensure that prosthetists and procurement officers are up to date on all available technologies is integral to the VA's ability to provide such leadership to the field; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to retain centralized funding for PSAS, which enables the program to deliver high-quality prosthetic items to all enrolled veterans needing such items and to train veterans on appropriate use and care of the device; AND

BE IT FURTHER RESOLVED that DAV urges the VA to retain its goal of maximum recovery and independent living for our highest-priority veterans; to adopt procurement policies and staff training on advances in and other practices that accelerate the timely delivery of, and responsive maintenance and repair of, all prosthetic items; and to take fully and fairly into account the unique needs of severely injured and wounded veterans.

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RESOLUTION NO. 008

**ENSURE DEPARTMENT OF VETERANS AFFAIRS STAFF WHO WORK TO
REHABILITATE BLIND AND VISUALLY IMPAIRED VETERANS HAVE
ADEQUATE TRAINING IN ASSISTIVE TECHNOLOGY**

WHEREAS, the Veterans Health Administration (VHA) has established training and assessment protocols for blind and visually impaired veterans and provides them assistive technology training; and

WHEREAS, training on technology-related devices and equipment encompasses a growing proportion of the rehabilitation needs of veterans with blindness or visual impairment; and

WHEREAS, VHA acknowledges competition for scarce computer assistive technology instructor specialists; and

WHEREAS, staff and supervisors within the Blind Rehabilitation Service acknowledge difficulties recruiting and retaining certified computer assistive technology specialists and ensuring staff remain abreast of evolutionary advances in assistive technology for the blind; and

WHEREAS, enhancements of electronic assistive devices are continuously introduced; and

WHEREAS, blind and visually impaired veterans utilize assistive technology to accomplish tasks in manual skills, living skills, orientation mobility, computing and basic quality-of-life needs; and

WHEREAS, any individual within the Blind Rehabilitation Service that either provides training or assesses visually impaired veterans must be knowledgeable on the capabilities of such devices; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges that the VA Blind Rehabilitation Service ensure that all personnel involved with the assessment and training of blind and visually impaired veterans receive regular training in the form of continuing education credits or achieve independent certification on technological solutions and adaptive aids.

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RESOLUTION NO. 009

URGE THE DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE SERVICE-CONNECTED VETERANS MEANINGFUL ACCESS TO PERSONAL HEALTH INFORMATION

WHEREAS, America’s veterans have earned and deserve high-quality, comprehensive and veteran-focused health care designed to meet their unique circumstances and needs; and

WHEREAS, the Department of Veterans Affairs (VA) health care system was established to provide for the needs of wounded, injured and ill war veterans and is authorized by Congress to provide a full continuum of care, including extensive preventive programs and comprehensive primary, acute and rehabilitative care, including pharmaceutical, mental health and readjustment counseling services; and

WHEREAS, the VA is estimated to spend at least \$16 billion from fiscal year 2018 to fiscal year 2028 to replace the legacy Veterans Health Information Systems and Technology Architecture (VistA) Electronic Health Record (EHR) system with a commercial EHR system similar to the Department of Defense’s (DOD) MHS GENESIS system to address, in large part, the need to streamline interoperability between VA, DOD and non-VA providers; and

WHEREAS, in providing veterans a full continuum of high-quality care, electronic health records promise our nation’s ill and injured veterans more patient-centered care through clinical research, precision medicine, assuring quality such as timely access and coordination of such care, and public health surveillance; and

WHEREAS, an up-to-date electronic health record tethered to the VA’s modernized EHR system would encourage patients to be more engaged in their care by providing access to their health information; and

WHEREAS, health information should be presented in a meaningful way to enable veterans to be knowledgeable participants in care planning and be “consumer friendly,” such as including a module for veterans to schedule and monitor appointments and communications with the VA and in-network providers and a single, easy-to-read care plan to track the veteran’s progress; having a simple method to communicate with their clinical team; and ensuring service coordination when transitioning across the VA’s integrated network of care settings with the DOD, other federal partners and academic affiliates, and other high-quality community providers; and

WHEREAS, veterans and their family caregivers possess a body of knowledge about the veterans that their VA clinical team do not have, and access to their longitudinal electronic health record can drive better patient decisions, which in turn will improve health outcomes and lead to a higher quality of life; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, believes the benefits of electronic health records should be extended to provide a user-friendly electronic version of service-connected veterans’ health information to empower them and their family caregivers to be active care participants.

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RESOLUTION NO. 010

**ENCOURAGE THE DEPARTMENT OF VETERANS AFFAIRS TO
SUBMIT CANDIDATES FOR THE DAV SCHOLARSHIP PROGRAM**

WHEREAS, DAV created the DAV Scholarship Program as a means to recruit young volunteers and to recognize the efforts of America's young volunteers who serve disabled veterans in Department of Veterans Affairs (VA) medical facilities and the local community; and

WHEREAS, the scholarship program will award a total of \$110,000 in 2022 to 10 deserving youth volunteers in the form of a \$30,000 first-place scholarship; a \$20,000 second-place scholarship; a \$15,000 third-place scholarship, a \$10,000 fourth-place scholarship, two \$7,500 fifth-place scholarships and four \$5,000 scholarships; and

WHEREAS, at the beginning of each calendar year, DAV solicits every VA Voluntary Service program manager to nominate one deserving youth volunteer from their facility in order to be considered for one of the scholarships, but with little response; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly encourages each Voluntary Service program manager at every VA medical facility to submit the name of a deserving youth volunteer to be considered for one of the scholarships in appreciation of their dedication to serving America's veterans through their voluntary service efforts.

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RESOLUTION NO. 011

SUPPORT A ROBUST COMPREHENSIVE REHABILITATIVE AND RESEARCH PROGRAM FOR VETERANS WITH TRAUMATIC BRAIN INJURY

WHEREAS, traumatic brain injury (TBI) has been called the signature wound of veterans serving in Afghanistan and Iraq; and

WHEREAS, since 2000, 380,000 service members have been diagnosed with traumatic or acquired brain injury, and brain injuries accounted for 22% of all combat injuries in recent deployments (compared to 12% in Vietnam); and

WHEREAS, veterans struggling with the chronic effects of combat injuries, falls, vehicular accidents, and other trauma and illness leading to chronic brain injury that, in the most severe cases, will require a lifetime of services including extensive rehabilitation and lifelong personal and clinical support, including neurological, medical and psychiatric services and physical, psychosocial, occupational and vocational therapies; and

WHEREAS, blast injuries were responsible for only a small portion of traumatic brain injury among post-9/11 veterans and service members, and despite significant drawdowns in those returning from deployment, workload in the polytrauma rehabilitation systems of care is projected to grow as veterans and service members continue to be exposed to falls, vehicular accidents and other acquired brain injuries that result in lasting brain damage and that the longer-term rehabilitative needs of veterans continue; and

WHEREAS, the Department of Veterans Affairs (VA) has not yet developed the programs to meet the full spectrum of longer-term needs to fill programmatic gaps the VA acknowledges in neurobehavioral rehabilitation and community reintegration or to provide assisted living or other supported housing arrangements for veterans with moderate to severe traumatic brain injuries; and

WHEREAS, the VA must also maintain programs to identify veterans with milder forms of TBI who may experience a variety of symptoms, including headaches, irritability, sleep disorders, memory problems and depression; and

WHEREAS, research demonstrates that even mild TBI may have long-term mental health and medical consequences, including a higher risk of developing dementia, and that symptoms are often co-morbid with post-traumatic stress disorder, depression and post-traumatic visual syndrome that can further confound diagnosis and treatment; and

WHEREAS, generations of veterans from earlier wars and conflicts may have suffered TBI, but this injury went unrecognized or was treated as mental illness; and

WHEREAS, milder forms of TBI may not be detected immediately, and the Department of Defense (DOD) and the VA have recently released a suite of cognitive rehabilitation products for veterans and service members who sustain mild to moderate TBI and have lingering cognitive impairment; and

WHEREAS, the VA maintains active research collaborations with the National Institutes of Health, the National Institutes of Disability Rehabilitation Research “model centers,” and the Defense Centers of Excellence in Psychological Health and Traumatic Brain Injury and is an acknowledged world leader in research into TBI; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports permanent authorization for the TBI assisted living pilot project that has been supporting the neurobehavioral and community reintegration needs of veterans with moderate to severe brain injuries for the past decade; AND

BE IT FURTHER RESOLVED that DAV urges Congress to support permanent supported housing arrangements with specialized neurobehavioral rehabilitation for veterans with service-connected moderate to severe traumatic brain injuries; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to expand the universal screening it now provides to post-9/11 veterans to all generations of veterans and maintains resources within its polytrauma system of care to ensure their access to appropriate rehabilitation; AND

BE IT FURTHER RESOLVED that DAV urges that the VA and DOD continue to engage in TBI studies or research and that such research includes older veterans of past military conflicts who may have suffered similar injuries that went undetected, undiagnosed and untreated.

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RESOLUTION NO. 015

SUPPORT ENHANCED MEDICAL SERVICES AND BENEFITS FOR WOMEN VETERANS

WHEREAS, the number of women serving in our military and veterans population continues to grow, with women now comprising 10% of all veterans and 16% of our active-duty service members; and

WHEREAS, women are now included in virtually all military occupations, including combat roles that expose them to the same injuries as their male peers; and

WHEREAS, the number of women veterans using Department of Veterans Affairs (VA) health care has doubled in the last decade, and women of recent service eras are younger, more likely to have service-connected conditions and more reliant upon VA health care; and

WHEREAS, 42% of women veteran users of VA care are under the age of 45 and therefore within their child-bearing years, and their gender-specific needs often represent challenges to the current model and delivery of VA health care, which has traditionally focused on men; and

WHEREAS, significant numbers of women veterans, including those returning from current military deployments, are the primary or sole providers of dependent children, which can limit their ability to access services in inpatient, intensive outpatient or residential settings that have traditionally been available to address post-deployment mental health readjustment needs; and

WHEREAS, a significant number of women report military sexual trauma and domestic violence and need specialized mental health services from the VA; and

WHEREAS, the VA has too few proficient, knowledgeable health care providers with expertise in women's health; and many facilities fail to adequately address environment of care standards that ensure the safety, privacy and dignity of women patients; and

WHEREAS, many non-VA health providers in the VA's Community Care Network, who fill gaps in critical gender-specific services for women veterans, including mammography, maternity care and gynecology, lack the training requirements to ensure they are meeting VA quality and care standards and wait times; and

WHEREAS, the VA must improve outreach and services to meet the unique needs of women veterans who were catastrophically wounded, suffering amputations, blindness, spinal cord injury, post-traumatic stress or traumatic brain injury or who were sexually assaulted; and

WHEREAS, DAV's 2014 report *Women Veterans: The Long Journey Home* found that, despite a generous array of benefits to assist veterans with transition and readjustment following military service, serious gaps are evident for women in every aspect of existing federal programs; and

WHEREAS, DAV's 2018 report *Women Veterans: The Journey Ahead* found that the VA system still struggles to provide equitable access to women veterans, which requires adapting existing programs and facilities to meet their distinct needs in a culture that honors women's service and sacrifices and ensures that they feel safe and welcome; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks to ensure the provision of health care services and specialized programs, inclusive of gender-specific services, by the VA to eligible women veterans is provided to the same degree and extent that services are provided to eligible male veterans, inclusive of counseling and/or psychological services incident to combat exposure or sexual trauma; AND

BE IT FURTHER RESOLVED that DAV urges the VA to strictly adhere to stated policies regarding privacy and safety issues relating to the treatment of women veterans and to proactively conduct research and health studies as appropriate; periodically review, adjust and improve its women’s health programs; and seek innovative methods to address barriers to care, thereby better ensuring women veterans receive the quality treatment and specialized services they so rightly deserve.

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RESOLUTION NO. 016

**SUPPORT LEGISLATION TO GRANT THE PRESIDENT, VICE PRESIDENT
AND MEMBERS OF CONGRESS THE PRIVILEGE TO USE THE
VETERANS HEALTH CARE SYSTEM AND TO RECEIVE THEIR CARE
EXCLUSIVELY FROM THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, even though veterans health care is funded through an advance appropriation, it is still at the discretion of Congress to provide the level of funding necessary for the veterans health care system to meet the medical care needs of ill and injured veterans; and

WHEREAS, despite the increases in funding for the Department of Veterans Affairs (VA) health care system over the past decade, veterans often have difficulty accessing the care they need in a timely manner; and

WHEREAS, the VA is recognized as the best health care system in the United States and for providing high-quality health care services; and

WHEREAS, by using the VA health care system, the President, Vice President and members of Congress would be in a better position to judge the resource needs of the VA to enable it to provide timely, high-quality health care to our nation's veterans; and

WHEREAS, similar to the members of the military, the President, Vice President and most members of Congress are required to spend a significant amount of time away from their homes, families and friends while Congress is in session; and

WHEREAS, because of the patriotism, devotion and sacrifices of our President, Vice President and members of Congress, ours is the most free nation on earth, where our citizens enjoy unequaled rights, privileges and prosperity; and

WHEREAS, the President, Vice President and members of Congress should therefore be granted the privilege of using the VA health care system for their health care needs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to grant the President, Vice President and members of Congress the privilege to use the veterans health care system and to receive their care exclusively from the VA.

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RESOLUTION NO. 017

SUPPORT THE STATE VETERANS HOME PROGRAM

WHEREAS, the State Veterans Home program is a partnership between the federal government and the states to provide long-term care for aging, ill and disabled veterans; and

WHEREAS, there are 158 State Veterans Homes in all 50 states and in Puerto Rico, which provide skilled nursing care, domiciliary care and adult day health care (ADHC) daily to almost 30,000 veterans and their dependents; and

WHEREAS, State Veterans Homes provide more than 50% of VA-supported skilled nursing beds for veterans while receiving only 25% of the Department of Veterans Affairs (VA) budget for skilled nursing care; and

WHEREAS, the VA provides a per diem payment that is authorized to cover up to 50% of the cost of care for skilled nursing care provided to veterans with service-connected disabilities rated 60% or lower and pays the full cost of skilled nursing care for veterans with 70% or higher service-connected disabilities or who require nursing home care for service-connected disabilities; and

WHEREAS, the VA also provides lower per diem payments for eligible veterans receiving domiciliary care and ADHC in State Veterans Homes; and

WHEREAS, some State Veterans Homes also provide specialized care for veterans with severe mental health, behavioral and memory issues; and

WHEREAS, under the State Home Construction Grant Program the federal government provides grants to cover up to 65% of the cost to construct, expand, rehabilitate or repair a State Veterans Home, with states required to match a minimum of 35% of the cost; and

WHEREAS, lessons learned from the COVID-19 pandemic demonstrated the advantages of modern nursing home designs that provide veterans with single rooms in smaller communal facilities, which can improve safety during health emergencies such as the COVID-19 pandemic, as well as improve their quality of life through greater social interaction; and

WHEREAS, the costs to construct and operate more modern designs of State Veterans Homes are higher than for traditionally designed nursing homes; and

WHEREAS, a fiscal year 2019 regulation (RIN 2900-AO88) changed the rules and requirements for operating domiciliary care and ADHC programs, which increased the cost of these programs without providing commensurate increases from VA per diem support; and

WHEREAS, recognizing the growing number and needs of elderly veterans, including those with mental health, behavioral and memory issues, the State Veterans Home program must continue to be a major partner with the VA in meeting the long-term care needs of aging veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress and the VA to provide sufficient funding to support State Veterans Homes, including adequate per diem payments for skilled nursing care, domiciliary care and adult day health care, which properly support different levels of care within each program; AND

BE IT FURTHER RESOLVED that DAV supports sufficient funding for the State Home Construction Grant Program, to include adequate funding to support renovations of existing and construction of new State Veterans Homes using more modern designs; AND

BE IT FURTHER RESOLVED that Congress and the VA should explore additional innovative programs to partner with State Veterans Homes to address the lack of options for aging veterans with severe mental health, behavioral and memory issues.

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RESOLUTION NO. 018

PROVIDE COMPREHENSIVE DENTAL CARE TO ALL SERVICE-CONNECTED DISABLED VETERANS WITHIN THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM

WHEREAS, DAV recognizes that oral health is integral to the general health and well-being of a patient and is part of comprehensive health care; and

WHEREAS, the Department of Veterans Affairs (VA) health care system is mandated under section 1712, title 38, United States Code, to provide outpatient dental services to veterans rated 100% service connected, to veterans who were held prisoner of war or to those who have sustained dental trauma in performance of military service; and

WHEREAS, irrespective of service-connected disability, section 1701(9), title 38, United States Code, defines “preventive health services” as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA health care, to include “such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care”; and

WHEREAS, according to the 2000 report by the Surgeon General of the United States, “Oral Health in America,” individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and in turn, oral diseases further jeopardize their health, and that oral diseases are progressive, cumulative and become more complex over time and can affect economic productivity and compromise the ability to work and often significantly diminish the quality of life; and

WHEREAS, the VA maintains oral and dental programs within its health care system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to amend title 38, United States Code, to provide outpatient dental care to all enrolled service-connected disabled veterans.

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RESOLUTION NO. 019

SUPPORT LEGISLATION TO ELIMINATE OR REDUCE DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH CARE COPAYMENTS FOR SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, through dedicated service and sacrifice to a grateful nation, service-disabled veterans have earned the right to certain benefits; and

WHEREAS, as the beneficiaries of veterans' service and sacrifice, Americans want our government to fully honor our moral obligation to care for veterans and generously provide them benefits and health care entirely without charge; and

WHEREAS, premiums, health care cost sharing and deductibles are a feature of health care systems in which some costs are shared by the insured and the insurer in a contractual relationship; and

WHEREAS, studies have found that cost sharing reduces the use of care and can have detrimental health effects for the sickest and poorest participating patients; and

WHEREAS, subsequent research continues to determine adverse effects of cost sharing on health outcomes, particularly for patients with chronic disabilities; and

WHEREAS, asking veterans to pay for part of the benefits a grateful nation provides for them is fundamentally contrary to the spirit and principles underlying the provision of benefits to veterans; and

WHEREAS, copayments were initially imposed upon veterans using the Department of Veterans Affairs (VA) health care system under urgent circumstances and as a temporary necessity to contribute to reduction of the federal budget deficit; and

WHEREAS, cost sharing is considered as a means of generating revenues to replace congressionally appropriated funding for the Department of Defense (DOD) and VA health care systems; and

WHEREAS, to improve its ability to generate revenue on the backs of service-connected disabled veterans, some continue to propose policies to eliminate the current practice of first applying third-party payments to offset veterans copayment debts; and

WHEREAS, Congress has forgotten or abandoned the traditional benevolent philosophy of providing free benefits to veterans as repayment for the unusual rigors, including sustaining grave injuries that require a lifetime of care, they underwent for the good of our country; and

WHEREAS, based on practices in the private sector, the Secretaries of Veterans Affairs and Defense, in the recent past, moved to dramatically impose fees and increase premiums and copayments, as if operating a commercial enterprise; and

WHEREAS, as a continuing cost of national defense and as our nation's foremost moral obligation, benefits for service-connected disabled veterans must remain a first priority of our government; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls for legislation to eliminate or reduce VA and DOD health care out-of-pocket costs for service-connected disabled veterans.

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RESOLUTION NO. 020

ENSURE SUFFICIENT ACCESS TO CARE TO MEET THE HEALTH NEEDS OF VETERANS RESIDING IN RURAL OR REMOTE AREAS

WHEREAS, 44% of active-duty service members identify rural or highly rural areas as their home of record, and 33% of all veterans enrolled in the Veterans Health Administration (VHA) live in rural areas; and

WHEREAS, many rural areas are designated by the Health Resource Services Administration as Health Professional Shortage Areas for primary care, mental health and dental care or for any combination of these practice areas therein; and

WHEREAS, 56% of all rural veterans are enrolled in VHA, and rural veterans are older (57% of all enrolled rural veterans are elderly), poorer (52% are low income), sicker and less likely to have internet access (36% have no internet); and

WHEREAS, about half of Department of Veterans Affairs (VA) community-based outpatient clinics are sited in rural areas; VA rural health and enterprisewide initiatives have impacted close to a million veterans; VHA telehealth initiatives have served 84,500 enrolled veterans; and the VA's Office of Rural Health has funded 450 projects in rural areas, including broadband and transportation programs, and trained 1,400 medical students in rural health; and

WHEREAS, the VA's Office of Rural Health has identified strategies for improving health care for rural veterans, including identifying more opportunities to collaborate with government agencies such as the Health Services Research Administration and the Indian Health Service; and

WHEREAS, Public Law 115-182, the VA MISSION Act of 2018, includes access standards that will enable many rural veterans to use care from community partners which may not have the veteran-specific expertise to which VHA patients are accustomed; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, fully supports the right of rural veterans to be served by the VA to the maximum extent practicable but urges the VA to develop training materials and conduct training and outreach to its community and federal partners in rural areas to ensure that these providers have understanding of veteran-specific exposures, risks and evidence-based practices to best address their needs; AND

BE IT FURTHER RESOLVED that the VA continue to overcome barriers to care for rural veterans by continuing to improve access to telehealth initiatives and assisting veterans with transportation and travel.

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RESOLUTION NO. 021

**ENHANCE THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
DEPARTMENT OF VETERANS AFFAIRS BENEFITS AND SERVICES**

WHEREAS, the Civilian Health and Medical Program of the Department of Veterans Affairs (VA), known as CHAMPVA, is a health benefits program in which the VA shares the cost of certain health services with eligible beneficiaries; and

WHEREAS, eligible beneficiaries include the spouse or child of a veteran whom the VA rated 100% permanently and totally disabled for a service-connected disability; the surviving spouse or child of a veteran who died from a VA-rated service-connected disability or who, at the time of death, was rated 100% permanently and totally disabled; the surviving spouse or child of a military service member who died on active duty; and the primary caregiver of a veteran seriously injured during military service on or after September 11, 2001; and

WHEREAS, VA medical centers are authorized to provide services to CHAMPVA beneficiaries under the CHAMPVA In House Treatment Initiative (CITI) program at no cost to the beneficiary but are provided at the discretion of the VA medical center director and available only on a space-available basis, after the needs of veterans are met; and

WHEREAS, if the local VA medical facility does not participate in the CITI program, the beneficiary must seek care in the private sector and the CHAMPVA beneficiary is responsible for an annual \$50 deductible for medical services rendered and 25% of reasonable and customary charges for patient care and pharmaceuticals, up to \$3,000 each year; and

WHEREAS, beneficiaries who are chronically ill can incur out-of-pocket medical care costs up to \$3,000 per year, and such costs can cause undue financial burden on a severely disabled veteran and family members; and

WHEREAS, numerous health care services such as chiropractic services, routine eye examinations, hearing aids, most dental benefits, and institutional and home-based long-term services and supports are not routinely covered under CHAMPVA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to make the CHAMPVA program more comprehensive, including dental and vision care and institutional and home-based long-term care, and eliminate the co-payments beneficiaries are required to pay out of pocket and lower the out-of-pocket costs for beneficiaries who do not live near a VA medical facility that participates in the CITI health care program; AND

BE IT FURTHER RESOLVED that DAV supports the CITI program and urges VA medical center directors to make that program available to CHAMPVA beneficiaries when resources are available.

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RESOLUTION NO. 022

ENHANCE LONG-TERM SERVICES AND SUPPORTS FOR SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, historically the Department of Veterans Affairs (VA) occupied a leadership position in fostering many long-term services and supports (LTSS) programs now routinely available in the private sector; founded the medical specialty of geriatrics in conjunction with affiliated schools of medicine; and led the nation in biomedical research on aging, geropsychiatry and chronic illnesses prevalent in the veteran population; and

WHEREAS, today tens of thousands of service-connected veterans of all ages depend on the VA to meet their health care needs in post-acute and LTSS settings; and

WHEREAS, there is also a subset of service-connected veterans with chronic and terminal illnesses who need LTSS and will need institutional placements; and

WHEREAS, the number of veterans seeking LTSS has increased annually, and the VA estimates this trend to continue into the future; and

WHEREAS, as our nation's veteran population ages, the VA will face an ever-increasing demand for LTSS of all kinds; and

WHEREAS, in 1999, the Veterans Millennium Health Care and Benefits Act, Public Law 106–117, significantly enhanced the VA's non-institutional LTSS and required such services be provided to any veteran for a service-connected disability and to any veteran who is service connected 50% or greater disabling, yet the VA is only required to provide institutional LTSS to any veteran for a service-connected disability and to any veteran who is service connected 70% or greater; and

WHEREAS, lack of centralized planning upon which to base standardized policy leaves VA facilities to determine locally their own mix of institutional and non-institutional approaches in providing LTSS, thereby relegating LTSS to a "second tier" of health care service and expectations within the VA system; and

WHEREAS, there is a large and glaring gap in the VA's LTSS program, with statutory authority prohibiting the Department from paying for veterans to reside in community residential care facilities such as assisted living and family group homes, despite referring thousands of veterans to and inspecting facilities nationwide; and

WHEREAS, the success of non-institutional and home-based LTSS is critically dependent on the ability of veterans' caregivers, whether they be family or friends, to assist in their care; and

WHEREAS, VA home and community-based programs are not uniformly available in all VA health care facilities, resulting in consistent wait-listing of veterans in need of such care; and

WHEREAS, the VA has not optimized its relationship with State Veterans Homes to ensure veterans in need of institutional and alternative forms of LTSS may avail themselves of state home facilities to consider all options for their provision; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to improve the VA's program of long-term services and supports for service-connected disabled veterans irrespective of their disability ratings; AND

BE IT FURTHER RESOLVED that DAV urges the VA to ensure each VA medical facility is able to provide service-connected disabled veterans timely access to both institutional and non-institutional long-term services and supports.

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RESOLUTION NO. 023

**SUPPORT EQUITY IN ACCESS TO SERVICES AND BENEFITS FOR RACIAL
AND ETHNIC MINORITY SERVICE-CONNECTED VETERANS**

WHEREAS, veterans from minority or ethnic backgrounds are expected to comprise an increasingly large proportion of the veterans population, growing from 23.5% in 2014 to 36% by 2043; and

WHEREAS, the Veterans Benefits Administration (VBA) has been unable to provide data to demonstrate equity of access to benefits and services among racial and ethnic veterans and has not implemented repeated recommendations by the Advisory Committee on Minority Veterans to make such data available; and

WHEREAS, the Veterans Health Administration (VHA) has identified higher rates of service connection and higher utilization of mental health and substance use disorder services among minority veterans; more research is needed to understand disparate patterns of diagnosed condition rates between whites and minority veterans; and

WHEREAS, VHA has been successful in reducing disparities in some care outcomes; it finds that disparities that are often the result of social and behavioral determinants of health, including financial and nonfinancial barriers to care, remain and often result in adverse health outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges VBA to routinely report data on numbers of applications, utilization and completion of programs for veterans by racial and ethnic background and gender; AND

BE IT FURTHER RESOLVED that DAV urges the Department of Veterans Affairs to continue identifying and addressing social and behavioral determinants that may affect health outcomes in addition to barriers to health care for all service-connected veterans by minority and ethnic groups.

§ § §

RESOLUTION NO. 024

**SUPPORT LEGISLATION TO INCLUDE 1151 PROTECTIONS UNDER
TITLE 38, UNITED STATES CODE, FOR VETERANS USING DEPARTMENT
OF VETERANS AFFAIRS COMMUNITY CARE SERVICES**

WHEREAS, the Department of Veterans Affairs (VA) is the primary care provider for millions of the nation's wartime and disabled veterans; and

WHEREAS, veterans, when receiving services at a VA medical facility or from a VA physician, are provided recourse when an additional disability or death is proximately due to or caused by such care that is deemed to be negligent or careless; and

WHEREAS, compensation can be awarded if an additional disability or death of a veteran was caused by a VA employee's or facility's carelessness or negligence when providing hospital care, medical or surgical treatment, or examination; and

WHEREAS, veterans have increasing options to receive care in their local communities paid for by the VA, including from providers who participate in the VA's Community Care Network established under Public Law 115-182, the VA MISSION Act of 2018; and

WHEREAS, it is expected that the quality of care provided by the contracted non-VA medical facility or contracted non-VA physician would be as good or better than the care provided by the VA; and

WHEREAS, in the unfortunate circumstance that an additional disability or death occurs due to the carelessness, negligence, lack of proper skill or error of medical judgment of a community care provider's services, paid for by VA, the veteran or his or her family would not have similar recourse as veterans receiving care within the VA under section 1151, title 38, United States Code; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, supports legislation that would afford veterans the same protection under section 1151, title 38, United States Code, if care rendered by a VA Community Care Network provider (paid for by the VA) results in an additional disability or death of the veteran due to carelessness, negligence, lack of proper skill or error of medical judgment of said community care provider.

§ § §

RESOLUTION NO. 025

**ENSURE DEPARTMENT OF VETERANS AFFAIRS CLINICAL
APPEALS PROCESS PROTECTS VETERANS**

WHEREAS, through service to their nation in which they made extraordinary sacrifices and contributions, service-disabled veterans have earned and deserve high-quality, comprehensive and veteran-focused health care designed to meet their unique circumstances and needs; and

WHEREAS, all federal providers and most health insurers have processes to ensure that beneficiaries have enforceable protections that allow them to obtain medically necessary care within their health benefits package; and

WHEREAS, these processes for patient grievances and central projections to receive care and services are imperative, particularly for health care systems such as the Department of Veterans Affairs (VA), which use capitated payment models for which there are incentives to conserve resources; and

WHEREAS, the VA MISSION Act (Public Law 115–182) greatly expanded the VA's purchased community care program, making more than 40% of veterans enrolled in the VA health care system eligible for VA community care; and

WHEREAS, the VA's current clinical appeals process remains poorly understood, with many veterans unsure of how to resolve clinical disagreements and disputes; and

WHEREAS, continuity of care or services during the clinical appeals process is not guaranteed under the current process; and

WHEREAS, veterans have no right to external, expedited or independent review or to timely and fair hearings, including before a multidisciplinary clinical team, an administrative law judge or federal district court, in the VA's current clinical appeals, making the process less comprehensive and fair than appeals processes private health insurers and other federal payers are required to provide; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on Congress to enact legislation requiring a standardized, fair and impartial process to address veterans' clinical disagreements, grievances and disputes, to include statutory protections that are at least comparable to those afforded patients under other federal and federally supported programs; AND

BE IT FURTHER RESOLVED that DAV urges the VA to revise the current clinical appeal process, with input from service-connected disabled veterans and other stakeholders, to one that is equitable and transparent and train appropriate staff to execute the new policy in a standardized manner.

§ § §

RESOLUTION NO. 026

SUPPORT LEGISLATION TO AUTHORIZE SCHOLARSHIPS FOR NEW MENTAL HEALTH PRACTITIONERS IN EXCHANGE FOR COMMITMENTS TO SERVE VETERANS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES

WHEREAS, the nation faces a looming shortage of practitioners in mental health, including physicians, nurse practitioners, psychologists, social workers, mental health therapists and other counselors; and

WHEREAS, the needs of the newest generation of war veterans suffering the effects of post-traumatic stress disorder and other mental health challenges, combined with the continuing mental health needs of older generations of veterans, may overwhelm the Department of Veterans Affairs' (VA's) capacity to properly treat them with qualified providers so that they can recover from these illnesses; and

WHEREAS, after serving our nation, veterans should not see their health care needs neglected by the VA because the VA lacks the capacity to serve them; and

WHEREAS, recent public laws have authorized the VA to expand the types and numbers of mental health and other services the VA must make available to veterans, their caregivers, dependents and survivors; and

WHEREAS, an existing scholarship program under chapter 76, title 38, United States Code, targeted to physicians, nurses and a variety of other health professions has been highly successful in recruiting new practitioners to VA careers and has expanded and improved care to wounded, injured and ill veterans; and

WHEREAS, hundreds of VA community-based outpatient clinics and Readjustment Counseling Service Vet Centers do not directly participate in the existing scholarship program as an aid to their local recruitment and employment efforts; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation or administrative policy changes in the existing scholarship program to make its benefits available more broadly within both the community-based outpatient clinics and Readjustment Counseling Service Vet Centers of the Department so that these facilities will be able to adequately meet the needs of veterans of all generations who need mental health services and psychological counseling to aid in their recoveries.

§ § §

RESOLUTION NO. 027

SUPPORT THE RIGHTS AND BENEFITS EARNED BY SERVICE-CONNECTED NATIVE AMERICAN AND ALASKA NATIVE VETERANS

WHEREAS, a higher percentage of Native Americans have served in the armed forces than any other racial or ethnic group, and many return to their communities in Indian Country upon discharge from the military; and

WHEREAS, the sovereign lands in Indian Country are often hundreds of miles from Department of Veterans Affairs (VA) facilities, where poverty, lack of transportation and poor roads put great hardships on Native American veterans who need and have earned VA health care and other benefits; and

WHEREAS, in evaluating the needs of federally recognized Native American and Alaska Native veterans, especially those living on tribal lands, the VA Office of Tribal Government Relations has reported great travel distances without safe and accessible transportation to VA health care services, affordable and available housing, and a lack of local employment opportunity as pressing needs; and

WHEREAS, many Native American veterans who have completed military deployments in Iraq and Afghanistan and who may be challenged by readjustment and mental health disorders are not afforded responsive medical attention due to insufficient mental health service availability from Indian Health Service (IHS) or Tribal Health Programs; and

WHEREAS, many VA clinical care providers lack knowledge and understanding of Native American and Alaska Native cultures, including traditional healing and ways of managing illness and disability that are culturally and religiously appropriate, causing additional barriers to care for Native American and Alaska Native veterans; and

WHEREAS, in 2003 and renewed in 2010, the VA executed with the IHS of the Department of Health and Human Services Memoranda of Understanding to coordinate and provide health care services, including mental health services, to Native American and Alaska Native veterans; and

WHEREAS, nearly a decade after its approval in 2010, the VA and IHS have yet to comprehensively implement the Memorandum of Understanding; and

WHEREAS, due to lack of implementation, tribal governments do not have broad knowledge of the existence of, or commitments in, the Memorandum of Understanding, and therefore have not generally disseminated relevant information to Native American and Alaska Native veterans about their VA and IHS rights and benefits under the agreement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the Secretary of Veterans Affairs and Secretary of Health and Human Services to ensure the Memorandum of Understanding between the VA and the IHS is fully implemented and that direct providers of services, as well as their leaderships in both agencies, be held accountable to faithfully carry out the agreement so that service-connected

Native American and Alaska Native veterans, especially those living on tribal lands, can receive the full benefits and services they have earned and deserve.

§ § §

RESOLUTION NO. 028

SUPPORT THE PROVISION OF COMPREHENSIVE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SERVICES TO ENROLLED VETERANS

WHEREAS, it is the policy of DAV that veterans should be afforded quality and timely health care services by the Department of Veterans Affairs (VA) because of their honorable service to our nation; and

WHEREAS, care provided to veterans in the community when VA care is inaccessible should be done through responsive integrated networks that deliver high-value, quality care; and

WHEREAS, it is the conviction of DAV that quality health care for veterans is achieved when health care providers are given the freedom and resources to provide the most effective and evidence-based care available; and

WHEREAS, the Veterans Health Administration plays a critical role in the delivery of health care services to our nation's sick and disabled veterans and is the largest direct federal provider of health care services, the largest clinical training ground for the health professions and a leader in medical research; and

WHEREAS, although the veterans health care system is provided advance appropriations for medical care, it is still at the discretion of Congress to provide a sufficient level of funding; and

WHEREAS, due to consistently inadequate appropriations levels, the VA has been forced at times to restrict, ration and deny access to health care implicitly promised in connection with veterans' military service; and

WHEREAS, the VA health care system must be provided sufficient funding to ensure, at a minimum, the following standards are met:

- Promote and ensure health care quality and value, and protect veterans' safety in the health care system;
- Guarantee access to a full continuum of care, from preventive through hospice services, including complementary and integrative care such as yoga, massage, acupuncture, chiropractic and other nontraditional therapies;
- Receive adequate funding through appropriations for care of all enrolled veterans;
- Fairly and equitably distribute resources to treat the greatest number of veterans requiring health care;
- Ensure barriers to care for veterans in ethnic, racial and sexual minority groups are addressed, including staff expertise in addressing these groups' needs with sensitivity;
- Furnish quality primary care and gender-specific services necessary to meet the needs of a growing population of women veterans;
- Provide all supplies, prosthetic devices and medications, including over-the-counter medication, necessary for the proper treatment of service-connected disabled veterans;

- Preserve the VA's mission and role as a provider of specialized services in areas such as blindness, burns, amputation, traumatic brain injury, spinal cord injury and dysfunction, mental illness and long-term care;
- Maintain the integrity of an independent VA health care delivery system as representing the primary responsible entity for the delivery of health care services to enrolled veterans;
- Modernize its human resources management system to enable the VA to compete for, recruit and retain the types and quality of VA employees needed to provide comprehensive health care services to sick and disabled veterans;
- Maintain a strong and veteran-focused research program; and
- Establish and sustain effective telehealth programs as an aid to access to VA health care, particularly for rural and remote populations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation that embodies the concepts and principles enumerated above and establishes certainty to clearly defined VA health care services for enrolled veterans.

§ § §

RESOLUTION NO. 029

**OPPOSE ANY RESTRICTION ON ELIGIBILITY OF MILITARY MEDICALLY
RETIRED VETERANS TO RECEIVE CARE IN DEPARTMENT OF DEFENSE
OR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEMS**

WHEREAS, military medically retired veterans were promised and earned lifetime health care through the Department of Defense (DOD) for completion of the required period of military service; and

WHEREAS, as veterans, they are separately entitled to the same health care provided to eligible veterans generally through the Department of Veterans Affairs (VA); and

WHEREAS, one of the two health care systems may offer advantages that the other does not offer; and

WHEREAS, a veteran's use of this dual entitlement to receive the best services of both systems does not constitute unnecessary duplicate use of health care services or duplication of costs to the government; and

WHEREAS, entitlement to care under one system is not itself justification to end separate entitlement to care through the other system; and

WHEREAS, by virtue of their service and sacrifices, veterans have earned special benefits that are separate and in addition to benefits the government provides to other citizens; and

WHEREAS, enrollment in VA or DOD health care, especially in the case of service-connected disabled veterans, should never become a bar or obstacle to the receipt of benefits from either of these health care systems; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any action to restrict health care eligibility for military medically retired veterans in either the DOD or the VA health care systems.

§ § §

RESOLUTION NO. 030

SUPPORT A CONSISTENT BENEFIT FOR SERVICE AND GUIDE DOGS PRESCRIBED BY DEPARTMENT OF VETERANS AFFAIRS PROVIDERS AND EXAMINE THE BENEFITS OF TRAINING SERVICE DOGS FOR DISABLED VETERANS

WHEREAS, trained guide dogs and other trained service dogs can have a significant role in restoring or maintaining functionality and promoting maximal independence of individuals with disabilities; and

WHEREAS, some veterans with disabilities such as blindness, deafness, mental illness, and epilepsy and other seizure disorders are specifically aided by service and guide dogs prescribed for these purposes for persons with such disabilities; and

WHEREAS, the Department of Veterans Affairs (VA) prescribes the use of guide and service dogs to veterans enrolled in VA health care when therapeutically indicated to perform specific tasks to allow veterans to restore or maintain function or maximize independence; and

WHEREAS, the VA provides a veterinary benefit for all prescribed service dogs meeting the standards of certain accredited training organizations; and

WHEREAS, the VA has recently completed a multisite, multiyear study of the use of service dogs for veterans with post-traumatic stress disorder compared to those with emotional support dogs which found that veterans paired with service dogs had more significant reductions in the severity of symptomology and suicidal behavior and ideation; and

WHEREAS, the VA is experimenting with dog training programs led by veterans for veterans to determine if the training of service dogs itself is a therapeutic method to reduce symptoms in veterans with post-traumatic stress disorder; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to continue research to determine the most efficacious use of service dogs for defined populations and, in particular, for veterans with mental health conditions and to broadly publish the results of that research; AND

BE IT FURTHER RESOLVED that the VA determine any additional benefit for veterans with mental health issues involved in training service dogs for themselves or other veterans with disabilities; AND

BE IT FURTHER RESOLVED that the VA ensure that any veteran for whom a service dog is ordered receive the dog at no cost, including reimbursement for any follow-up training deemed appropriate, and a veterinary benefit for the life of that service dog.

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RESOLUTION NO. 055

**SUPPORT LEGISLATION TO CHANGE ELIGIBILITY
FOR COMMUNITY NURSING HOME PROGRAM**

WHEREAS, Veterans Health Administration (VHA) Notice 2020–32 establishes policy for new community care; and

WHEREAS, eligibility is mandatory for a veteran who has a single or combined service-connected disability rating of 70% or greater, that includes veterans with a single disability rated at 60% and has a total disability rating based on Individual Unemployability; and

WHEREAS, VHA Notice 2020–32 does not consider common etiology in determining the eligibility for community nursing care; and

WHEREAS, the lack of consideration of this factor may prevent veterans from qualifying for community nursing care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports VHA Notice 2020–32 be amended to make veterans eligible for community nursing care if they have disability evaluations in which common etiology are noted that significantly impair the veterans’ ability to perform daily or independent living skills.

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RESOLUTION NO. 061

**SUPPORT LEGISLATION TO EXTEND ELIGIBILITY OF A QUALIFYING VETERAN'S
ADULT CHILD FOR THE CIVILIAN HEALTH AND MEDICAL PROGRAM
OF THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, dependent children of certain veterans are provided medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); and

WHEREAS, a child of a veteran is eligible for CHAMPVA if the veteran is rated permanently and totally disabled due to a service-connected disability, was rated permanently and totally disabled due to a service-connected condition at the time of death, died of a service-connected disability or died on active duty, and the dependent is ineligible for Department of Defense TRICARE benefits; and

WHEREAS, the eligibility of a dependent child for CHAMPVA ends at the age of 18, unless that dependent is enrolled in an accredited school as a full-time student until the age of 23 or marries or is a stepchild who no longer lives in the household of the CHAMPVA sponsor; and

WHEREAS, current law requires private health plans and insurers to offer coverage to adult children of beneficiaries to age 26, regardless of the child's financial dependency, marital status, enrollment in school, residency or other factors; and

WHEREAS, children of severely disabled veterans and survivors of veterans who paid the ultimate sacrifice should not be penalized or denied the same rights and privileges as other citizens of a grateful nation enjoy; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to extend the eligibility of a qualifying veteran's child for CHAMPVA coverage to age 26 under the same conditions of covered adult children of beneficiaries in private health plans.

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RESOLUTION NO. 096

SUPPORT DEPARTMENT OF VETERANS AFFAIRS RESEARCH INTO THE MEDICAL EFFICACY OF CANNABIS FOR SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, the Controlled Substances Act of 1970 classifies cannabis as a Schedule I substance, determined to have a high potential for abuse and no accepted medical use, making illegal the possession and use of cannabis even under a medical nature; and

WHEREAS, across 36 states, the District of Columbia, and the territories of Guam and Puerto Rico, state medical marijuana laws vary greatly, but all recognize the therapeutic effect of cannabis and cannabinoids; and

WHEREAS, the growing accessibility of cannabis and acceptance of its use for medical purposes by states set against federal law have raised important issues including public health concerns; and

WHEREAS, the lack of any amalgamated knowledge of cannabis-related health effects has led to uncertainty about what, if any, are the harms or benefits from its use; and

WHEREAS, the National Academies of Sciences, Engineering and Medicine conducted a rigorous review of scientific research published since 1999 about what is known about the health impacts of cannabis and cannabis-derived products—such as marijuana and active chemical compounds known as cannabinoids—ranging from their therapeutic effects to their risks; and

WHEREAS, the study, published on January 12, 2017, considered more than 10,000 scientific abstracts, many of which did not have control study groups, to reach nearly 100 conclusions; and

WHEREAS, the study found evidence to support that patients who were treated with cannabis or cannabinoids were more likely to experience a significant reduction in pain symptoms, oral cannabinoids provided relief for multiple sclerosis-related muscle spasms, and there was conclusive evidence the use of certain oral cannabinoids was beneficial for patients with chemotherapy-induced nausea and vomiting; and

WHEREAS, the study suggests that cannabis use increases certain risks, including but not limited to being involved in a motor vehicle accident; developing schizophrenia, other psychoses and social anxiety disorders; and developing cannabis use disorder; and

WHEREAS, this and other studies in their entirety are not conclusive, comprehensive clinical studies of cannabis; cannabis-derived products and their delivery systems are needed to prove medical efficacy for veterans who receive health care as provided by the Department of Veterans Affairs (VA); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports more comprehensive and scientifically rigorous research by the VA into the therapeutic benefits and risks of cannabis and cannabis-derived products as a possible treatment for service-connected disabled veterans.

§ § §

RESOLUTION NO. 098

IMPROVE TIMELY REIMBURSEMENTS BY DEPARTMENT OF VETERANS AFFAIRS FOR PURCHASED CARE, PROTECT VETERANS FROM DEBT COLLECTION AND ADVERSE CREDIT REPORTING FROM SUCH CARE

WHEREAS, the Department of Veterans Affairs (VA) is authorized to provide a full continuum of health care to all service-connected veterans enrolled in the VA health care system, including preventive, primary, acute, specialty and rehabilitative care as well as pharmaceutical, mental health and readjustment counseling services; and

WHEREAS, to ensure veterans are able to receive timely comprehensive care, Congress authorized numerous VA programs since the early 1920s to purchase care for veterans from non-VA community providers; and

WHEREAS, according to the Government Accountability Office, the VA's use of purchased care programs has increased 82% since the access-to-care crisis in 2014; and

WHEREAS, veterans who are treated by non-VA community providers under any of the VA's community care programs should not be under any financial obligation to defray the full costs of VA authorized care; and

WHEREAS, the VA MISSION Act (Public Law 115–182) amended most but not all of the VA's community care programs and instituted standards for the VA to promptly pay for care provided to veterans by community care providers; and

WHEREAS, in innumerable cases, service-connected veterans have been billed directly for care provided by community providers despite the VA's obligation to pay in a timely fashion; and

WHEREAS, in some cases, veterans do not receive timely billing or copayment due notification for services rendered through the VA or a network community care provider for more than six months or a year, to include services for emergency care or transportation; and

WHEREAS, should service-connected veterans be without the means to rectify debt assigned by community providers when VA payment is deficient or delinquent, providers are referring such debt to debt collection agencies as well as reporting such debt to credit reporting agencies, adversely affecting these veterans' credit worthiness when in fact no justification supports such collection actions or credit reporting against veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to improve its administrative practices to promptly pay non-VA community providers for care under all of the VA's purchased care program; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation requiring the VA to reimburse or require non-VA community providers to forgive any veterans' copayments for community care, including emergency care or transportation, that are billed more than 180 days after services are rendered; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation to properly protect veterans' credit ratings and require the VA to protect veterans from collections actions against service-disabled veterans because of delinquent or delayed payment to non-VA community providers.

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RESOLUTION NO. 100

SUPPORT LEGISLATION TO IMPROVE AND PROVIDE COMPREHENSIVE SERVICES FOR CAREGIVERS OF SEVERELY WOUNDED, INJURED AND ILL VETERANS FROM ALL ERAS

WHEREAS, severely disabled veterans present great challenges to the Department of Defense (DOD) and the Department of Veterans Affairs (VA) for acute, rehabilitative and long-term care health needs; and

WHEREAS, immediate family members and dependents are involved in the care and rehabilitation of severely injured veterans and are responsible for performing complete clinical care once provided by medical professionals, often with little to no relief while shouldering a great and lifelong burden as home and institutional caregivers and attendants, giving up or severely restricting their employment, future financial security, education and social interactions and suffering severe financial and personal penalties as a consequence in order to care for a severely ill loved one; and

WHEREAS, in the absence of such caregivers, the burden of direct care would fall on DOD and VA facilities or other institutions, at significantly higher financial cost and a reduced quality of life for these veterans; and

WHEREAS, the United States government owes its highest obligation to those who are put in harm's way at the call of the nation and become wounded, injured and ill as a consequence of that service; and

WHEREAS, in 2011, the VA established two distinct and unequal caregiver assistance programs under Public Law 111-163, where eligibility is based primarily on whether the veteran is injured or ill rather than the needs of the veteran and caregiver; and

WHEREAS, following implementation of the VA's caregiver support program, DAV commissioned a veterans' caregiver survey and report published in 2017, which confirmed that despite government services to support family caregivers of veterans, over 80% indicate they do not receive those services most important to them, such as medical training, caregiver education, home health aide services, respite care and direct financial assistance; and

WHEREAS, 25% of family caregivers report their veteran would need to be placed into institutional care, such as a skilled nursing or assisted living facility, now and another 50% in the future; and

WHEREAS, in 2017 and again in 2018, the VA announced a suspension of adverse decisions when VA medical centers were found discharging veterans and their caregivers out of the comprehensive caregiver support program at alarming rates; and

WHEREAS, an internal review recommended better communications with veterans and their family caregivers and the need to improve internal processes and procedures and conduct additional staff training; and

WHEREAS, in 2018, VA medical centers were again found discharging veterans and their caregivers out of the comprehensive caregiver support program and citing inconsistent application of eligibility requirements, causing the Secretary to place a temporary moratorium on discharges and tier reductions; and

WHEREAS, the VA MISSION Act (Public Law 115–251) requires the expansion of eligibility for the VA’s comprehensive caregiver support program, in two phases, to all veterans severely injured before September 11, 2001; and

WHEREAS, in equity and fairness, caregivers of all severely disabled veterans should be recognized and afforded generous relief, assistance and care for the duration of the lives of veterans injured or made ill by military service to our nation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on the VA to dedicate appropriate resources and support needed to timely implement the expansion of the Comprehensive Family Caregiver Support Program required by Public Law 115–182; AND

BE IT FURTHER RESOLVED that Congress should conduct strict oversight of the Comprehensive Family Caregiver Support Program and ensure the VA receives the resources needed to timely and equitably expand eligibility and provide supports and services; AND

BE IT FURTHER RESOLVED that DAV supports legislation that would expand access to and improve the provision of comprehensive caregiver support services, including but not limited to fully recognizing family caregivers, adequate financial support, sufficient health and homemaker services, respite, education and training, and other necessary relief, to caregivers of all veterans severely ill and injured due to military service; AND

BE IT FURTHER RESOLVED that Congress and the VA must create and execute a strategic plan for military and veteran caregiver research, including longitudinal surveys and assessments, to evaluate current programs and services and monitor the health and well-being of caregivers to ensure the program’s effectiveness and better inform policymakers.

§ § §

RESOLUTION NO. 101

ENSURE SUFFICIENT RESOURCES FOR DEPARTMENT OF VETERANS AFFAIRS RESEARCH TO IMPROVE CARE AND BENEFITS FOR VETERANS EXPOSED TO MILITARY TOXIC AND ENVIRONMENTAL HAZARDS

WHEREAS, veterans of all military conflicts from the world wars to the wars in Iraq and Afghanistan have been exposed to environmental hazards and man-made toxins, including cold and other adverse weather conditions; mustard gas; herbicides; pesticides; chemical, biological and radiological agents; “burn pits”; and other combat and military occupational exposures; and

WHEREAS, returning from war, some veterans subsequently suffer disabling conditions and symptoms of illnesses that may be difficult to medically diagnose and not be immediately identified as consequential to such dangerous exposures; and

WHEREAS, research conducted by the National Institutes of Health, the Departments of Defense (DOD) and Veterans Affairs (VA), and other federal departments and agencies has focused on associations linking toxic and environmental exposures with subsequent health status of veterans (and in the case of Vietnam veterans, some of their children); and

WHEREAS, sustained funding for such research is necessary to ensure veterans receive high-quality health care services and adequate compensatory benefits to which they are entitled due to diseases or injuries incurred from hazardous military exposures; and

WHEREAS, in studies mandated by Congress in public law, the National Academy of Sciences continues to review and evaluate scientific literature to determine whether associations exist that connect a variety of military exposures and certain physical disorders within populations of veterans; and

WHEREAS, effective evidence-based medicine to treat individual patients with acute or chronic diseases must rely on scientifically valid biomedical research and peer-reviewed literature; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and the VA to determine validations of, and develop equitable compensation policy for, environmentally exposed veterans; AND

BE IT FURTHER RESOLVED that DAV urges Congress to provide adequate funding for research to identify all disabling conditions and effective screening and treatment for such disabilities that may have been caused by exposure to environmental hazards and man-made toxins while individuals served in the armed forces of the United States; AND

BE IT FURTHER RESOLVED that DAV urges greater collaboration between the DOD and VA to share necessary deployment, health and exposure data from military operations and deployments, in order to timely and adequately address the subsequent health concerns of disabled veterans, whatever the causes of those disabilities; AND

BE IT FURTHER RESOLVED that DAV intends to closely monitor programs of care within the Veterans Health Administration to ensure veterans disabled by exposure to environmental hazards and man-made toxins receive effective, high-quality health care, and that the biomedical research and development programs of the Department are fully addressing their needs.

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RESOLUTION NO. 102

REQUIRE THE DEPARTMENT OF VETERANS AFFAIRS TO INCREASE EFFICIENCY IN THE RECRUITMENT, HIRING AND CREDENTIALING OF CERTAIN HEALTH CARE PROFESSIONALS UNDERGOING SEPARATION FROM THE ARMED SERVICES

WHEREAS, the Department of Veterans Affairs (VA) has demonstrated difficulty in timely filling vacant health care positions required to meet the needs of service-connected disabled veterans; and

WHEREAS, certain active members of the armed forces serve in a health care capacity and are being discharged from the armed forces under honorable conditions and are seeking employment in health care; and

WHEREAS, veterans should receive hiring priority with the VA; and

WHEREAS, the VA historically takes an excessive amount of time to recruit, screen and hire new employees, actions that could be expedited by hiring qualified veterans with current training and background checks; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to require the VA to carry out a program to increase efficiency in the recruitment and hiring by the VA of health care workers that are undergoing separation from the armed forces and to create uniform credentialing standards for certain health care professionals of the VA.

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RESOLUTION NO. 103

**ENCOURAGE THE DEPARTMENT OF VETERANS AFFAIRS TO
PROCESS VOLUNTEER APPLICATIONS IN A TIMELY MANNER**

WHEREAS, many DAV members want to join the ranks of volunteers who serve disabled veterans in Department of Veterans Affairs (VA) medical facilities and in local communities associated with the VA; and

WHEREAS, there is great variability in both the process and timeliness of providing prospective volunteers all the required screenings, interviews, orientations and training prescribed by the VA facility; and

WHEREAS, these volunteers must undergo an arduous clearance process and background check that can require months of delay, as well as complete a lengthy application to volunteer and thus lose their services and the opportunity for voluntary activities to aid veterans; and

WHEREAS, it is the responsibility of the VA Voluntary Service program manager to ensure that volunteer applications are processed in an expeditious manner, because volunteers perform a valuable service to veterans in facilities and save taxpayers millions of dollars; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly encourages each Voluntary Service program manager at every VA medical facility to standardize and expedite the process, better leveraging information technology to attract and ensure volunteers are able to serve disabled veterans in VA medical facilities and in their communities.

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RESOLUTION NO. 105

**ENSURE TIMELY ACCESS TO QUALITY DEPARTMENT OF
VETERANS AFFAIRS HEALTH CARE AND MEDICAL SERVICES**

WHEREAS, wounded and ill veterans' demands for care at many Department of Veterans Affairs (VA) facilities have overwhelmed the VA's current capacity; and

WHEREAS, given the VA's limited resources, in some cases, the VA is forced to ration care, leaving many of its over 7 million veteran patients waiting long periods and driving farther for primary, specialty and dental care appointments; and

WHEREAS, the VA MISSION Act (Public Law 115-182) established a new Veterans Community Care Program and made all veterans enrolled in the VA health care system eligible for care in the community, yet the VA is unable to systematically monitor the timeliness of veterans' access to such care; and

WHEREAS, the VA should identify and immediately correct the underlying problems to properly manage its health care capacity and identify additional resources needed to ensure timely access to primary, specialty and dental care for all service-connected disabled veterans; and

WHEREAS, short-term solutions, such as staff reassignments, redirection of patients to alternative sites of VA care and restrictions of individual practitioners' available time with each patient while adding additional appointments to their daily schedules, can provide some immediate relief but are only temporary solutions in light of recognized clinical and administrative vacancies across the VA health care system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, urges the VA to request and for Congress to provide necessary authorities, sufficient resources and staff to reduce waiting times so wounded, ill and injured veterans can realize timely access to all medically necessary services.

§ § §

RESOLUTION NO. 106

ADEQUATELY FUND AND SUSTAIN THE READJUSTMENT COUNSELING SERVICE OF THE DEPARTMENT OF VETERANS AFFAIRS AND ITS VET CENTER PROGRAM

WHEREAS, in 1979, Congress authorized the establishment of the Readjustment Counseling Service, an independent counseling activity within the then-Veterans Administration's Department of Medicine and Surgery; and

WHEREAS, in 1980, the Veterans Administration opened the first "Vet Center" to provide readjustment services and psychological counseling to Vietnam combat veterans suffering from post-traumatic stress disorder (PTSD) and other conditions related to combat exposure and their experiences in Vietnam; and

WHEREAS, the Vet Centers, now numbering 300 locations, 83 mobile vet centers and 19 vet center outstations nationwide, have proven to be a most useful and effective tool to assist veterans of all eras who seek care for issues associated with exposure to traumatic combat situations, challenges with reintegrating into families and communities, and military sexual trauma, in addition to other problems and to certain family members; and

WHEREAS, Vet Centers provide cost-effective and highly beneficial services, including counseling for PTSD and other readjustment challenges, suicide prevention and crisis intervention, marriage and family counseling, and family bereavement counseling beneficial to recovery; and

WHEREAS, the Vet Center program has been successful counseling veterans from all prior conflicts needing such readjustment services, including World War II, the Korean War, the war in Vietnam, the Persian Gulf War, and veterans of combat service in the wars in Afghanistan and Iraq; and

WHEREAS, Vet Centers lead all Department of Veterans Affairs (VA) mental health programs in conducting veteran-to-veteran peer counseling services, wherein veterans who have themselves experienced post-deployment mental health issues related to their military experience are trained to provide counseling to those still suffering ill effects; and

WHEREAS, Vet Centers are now charged with selecting and administering the peer retreats in both gender-exclusive and mixed-gender groups of veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, commends the work of the Readjustment Counseling Service and of its Vet Centers of the VA, and encourages the Vet Centers to maintain funding levels commensurate with the growth in veterans' demand for services and to accommodate outreach to meet unmet needs of additional veterans within the Vet Center catchment areas.

§ § §

RESOLUTION NO. 107

**OPPOSE MEANS TESTING SERVICE-CONNECTED VETERANS
FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE**

WHEREAS, Public Law 104–262 requires 0% service-connected disabled veterans to be means-tested in order to receive treatment in a Department of Veterans Affairs (VA) medical facility; and

WHEREAS, countless thousands of veterans have relied on care from VA medical facilities for decades and now face the possibility of losing access to VA medical care because of income levels, consequently causing them undue financial hardship, pain and suffering; and

WHEREAS, these 0% service-connected disabled veterans have been relegated to the lowest eligibility categories for care and, in some cases, below non-service-connected veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the exclusion of service-connected disabled veterans from the requirements of means testing for treatment or service received at VA medical facilities and the inclusion of 0% service-connected disabled veterans in Priority Group 3.

§ § §

RESOLUTION NO. 109

SUPPORT PROGRAMS TO PROVIDE PSYCHOLOGICAL AND MENTAL HEALTH COUNSELING SERVICES TO FAMILY MEMBERS OF VETERANS SUFFERING FROM POST-DEPLOYMENT MENTAL HEALTH CHALLENGES OR OTHER SERVICE-CONNECTED CONDITIONS

WHEREAS, veterans exposed to combat and other hardship deployments are known to be at risk for development of post-deployment mental health conditions such as post-traumatic stress disorder (PTSD), depression and other serious mental health challenges; and

WHEREAS, left untreated or inadequately treated, a veteran suffering the chronic effects of PTSD, depression or other mental illnesses may suffer marriage and relationship breakdown, underemployment or loss of employment, financial hardship, social alienation and even homelessness, or involvement with the justice system; and

WHEREAS, a combat-exposed veteran who is not appropriately counseled for the psychological effects of PTSD or depression stands at greater risk of emotional and mental decompensation, whose consequences often fall directly on family members and dependents of such veterans; and

WHEREAS, the Department of Veterans Affairs (VA) embraces recovery from mental illness as its guiding principle in all VA mental health programs, and involvement of family members and dependents is often vital to a veteran's eventual recovery from mental illness; and

WHEREAS, subsection 1712A(b)(2), title 38, United States Code, authorizes the VA Readjustment Counseling Service, through its Vet Center program, to provide psychological counseling and other necessary mental health services to family members of war veterans under care in such Vet Centers, irrespective of service-connected disability status; and

WHEREAS, Congress enacted section 301 of Public Law 110-387 for the express purpose of authorizing marriage and family counseling in VA facilities to address the needs of veterans' families, including spouses and other dependent family members of veterans who are experiencing mental health challenges with attendant marital or family difficulties; and

WHEREAS, Congress enacted sections 101-103 of Public Law 111-163 and sections 161-163 of Public Law 115-182 for the purpose of authorizing a wide array of support, care and counseling services for personal caregivers of severely injured veterans from all eras of military service; and

WHEREAS, Congress has recently established a grant program under section 201 of Public Law 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, which would allow grantees to provide a variety of supportive services to at-risk veterans and family members; and

WHEREAS, section 1782, title 38, United States Code, authorizes a program of counseling, training and mental health services, including psychological support, for immediate family members of disabled veterans who need care for service-connected disabilities, who have service-connected disabilities rated at 50% or more disabling, who were discharged or retired from the armed forces for injuries or illnesses incurred in the line of duty, who are World War I or Mexican Border Period

veterans, who were awarded the Purple Heart, who are former prisoners of war, who were exposed to radiation or toxic substances, or who are unable to defray the expenses of their care; and

WHEREAS, section 1781, title 38, United States Code, authorizes a program of health care, including certain mental health services, for immediate family members and dependents of a veteran who is totally and permanently disabled from service-connected disabilities or who died from disabilities incurred during military service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on the Secretary of Veterans Affairs to establish appropriate and effective programs to ensure that veterans who are enrolled in VA health care receive adequate care for their wounds and illnesses, including mental health-related illnesses, and, when appropriate, family members—whether family caregivers, spouses or other family dependents—receive necessary counseling, including psychological counseling, training and other mental health services authorized by law to aid in the recovery of veterans.

§ § §

RESOLUTION NO. 110

SUPPORT HUMANE, CONSISTENT PAIN MANAGEMENT PROGRAMS IN THE VETERANS HEALTH CARE SYSTEM

WHEREAS, pain is one of the most prevalent reasons individuals, including wounded, injured and ill veterans, seek health care; and

WHEREAS, hundreds of thousands of veterans suffer from traumatic amputations and other severe injuries incurred during military service, while others suffer from a host of painful organic diseases and disabling conditions; and

WHEREAS, chronic pain is closely linked with depression and other mental health challenges, including suicidal ideation; and

WHEREAS, the serious adverse side effects of opioids, including physical dependence, overdose and suicide, have made the Department of Veterans Affairs (VA) and other health care providers reconsider clinical guidance, policy and programming for pain management; and

WHEREAS, because of these adverse side effects, the number of veterans using opioid medications for pain management prescribed by the Veterans Health Administration (VHA), which skyrocketed in the 2000s and peaked in 2012, have plummeted (the veterans to whom it dispensed an opioid fell by 56% and those to whom it co-prescribed opioid/benzodiazepine by 83%) due to VHA's revision of its policies and programs for managing opioids; and

WHEREAS, the VA has adopted a stepped, interdisciplinary approach to pain management using a patient-centered and holistic approach to delivering health care in order to maintain and improve the health and quality of life of veterans, and the VA's pain management program has been emulated in other public and private health care settings nationwide; and

WHEREAS, access to opioids has been compromised for many disabled veterans who have used these medications as prescribed for many years to reduce pain and maintain their quality of life and productivity; and

WHEREAS, a growing number of veteran patients with chronic pain who have been prescribed pain medication over long periods have been abruptly denied without the benefit of tapering or counseling or provision of alternate means of pain relief to reduce or eventually discontinue opioid therapy; and

WHEREAS, abrupt denial of opioid medications can lead to devastating health consequences, including compromised health, overdose or suicidal behavior; and

WHEREAS, the VA has not made access to substance use disorder treatment or medications for opioid use disorder, including first-line opioid agonists such as methadone, buprenorphine or overdose reversal drugs such as naloxone, universally available and accessible to veterans (even those at highest risk) across the system; and

WHEREAS, the VA recognizes nonpharmacological therapies, including complementary and integrative health therapies such as yoga, massage, acupuncture and chiropractic, as the best alternative in managing pain, yet VA policy does not require such therapies be available and be offered without locally imposed restrictions; and

WHEREAS, without appropriate psychological counseling and transition to suitable alternatives to controlled substances, including Schedule II controlled medications, veterans can suffer physical and mental anguish needlessly; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to redouble its efforts to conduct a uniform national pain management program to ensure that veterans requiring pain management, including those who have used prescribed pain medications for long time periods, are managed with patient-centered, interdisciplinary and holistic approaches with balanced regard for both patient safety and humane alternatives to the use of controlled substances and, while under VA care, receive their prescribed medications in a timely fashion; AND

BE IT FURTHER RESOLVED that DAV encourages the VA to continuously review and update its clinical guidance, policies and programming to ensure compliance with federal law and adherence to best practices in prescribing, dispensing and disposing of controlled substances.

§ § §

RESOLUTION NO. 111

**OPPOSE RECOVERY OF THIRD-PARTY PAYMENTS
FOR SERVICE-CONNECTED DISABILITIES**

WHEREAS, the primary mission of the Department of Veterans Affairs (VA) is to provide high-quality medical care to veterans eligible by reason of their service-connected disabilities; and

WHEREAS, the VA is authorized to recover or collect the cost of care from third-party health insurers when insured veterans receive health care from the VA for non-service-connected conditions; and

WHEREAS, the collection of payments from third parties for the treatment of veterans' service-connected disabilities would abrogate the VA's and the federal government's responsibility to provide such care and may result in increased premium payments by veterans; and

WHEREAS, to improve its ability to generate revenue on the backs of service-connected disabled veterans, some continue to propose implementing a policy to eliminate the current practice of first applying third-party payments to offset veterans' copayment debts; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any legislation that would require the VA to recover third-party payments for the care and treatment of a veteran's service-connected disabilities.

§ § §

RESOLUTION NO. 113

SUPPORT EFFECTIVE RECRUITMENT, RETENTION AND DEVELOPMENT OF THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM WORKFORCE

WHEREAS, staffing shortages and vacancies at every level of the Department of Veterans Affairs (VA) health care system and across numerous critical positions impedes service-connected disabled veterans who rely on the VA to receive timely, high-quality, veteran-centric medical care; and

WHEREAS, section 7412, title 38, United States Code, requires the VA Office of Inspector General (OIG) to determine and report on the top five clinical and nonclinical occupations of Veterans Health Administration (VHA) personnel covered under section 7401, title 38, United States Code, for which there are the largest staffing shortages; and

WHEREAS, the VAOIG reported that 95% of VA medical centers reported at least one severe staffing shortage as of December 31, 2019; and

WHEREAS, the two most common critical occupation shortages identified since the public health emergency due to the novel coronavirus 2019 began were medical officers (severe shortages at 87% of facilities) and nurses (severe shortages at 72% of facilities); and

WHEREAS, the remaining shortages are psychologists, medical technologists and diagnostic radiologic technicians; and

WHEREAS, shortages in nonclinical personnel such as custodians, police officers and general engineers may also affect operations; and

WHEREAS, VA facilities most frequently cited psychiatrists as a severe occupational shortage; and

WHEREAS, while the VA MISSION Act (Public Law 115–182) required the VA to report on a public website the number of personnel vacancies and hires to ensure transparency in gains and losses of employees, but the VA has not reported this information even in the face of chronic health care professional shortages since 2015; and

WHEREAS, despite the total number of VA employees providing and supporting veterans medical care has grown from 211,192 in 2015 to 337,908 estimated at the end of 2020 to meet the medical care needs of veterans; and

WHEREAS, there is a nationwide shortage of qualified doctors, nurses and specialists, particularly in rural areas, because the VA must compete with other health care providers to recruit and retain the best and brightest clinical staff, and the federal hiring process for clinical staff remains lengthy and convoluted; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports a simple-to-administer alternative VHA personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

§ § §

RESOLUTION NO. 114

**REDUCE OR ELIMINATE DEPARTMENT OF
VETERANS AFFAIRS MEDICATION COPAYMENTS**

WHEREAS, the Department of Veterans Affairs (VA) has periodically increased medication copayments from the original charge of \$2.00 to the current copayments for a 1–30 day supply of medications, ranging from \$5 for preferred generics to \$11 for brand-name prescription drugs; and

WHEREAS, Congress has not agreed to eliminate copayments for VA health care services and medications, despite the origin of the requirement that was justified as a “temporary” measure to reduce the federal deficit; and

WHEREAS, many health care providers and payers provide preventive medication at no additional cost to the patient, and many retail pharmacies make generic medications available for much lower copayments than are charged to veterans using the VA; and

WHEREAS, in many instances VA clinicians prescribe over-the-counter medications to veterans that would cost far less if purchased at a retail pharmacy or other commercial outlet, including the VA’s own Veterans Canteen Service (VCS), than veterans are charged for copayments for the same medications; and

WHEREAS, VA medication copayments cause an undue financial hardship for many sick and disabled veterans, especially those on fixed incomes, who need relief due to their health care expenses; and

WHEREAS, the VA already applies third-party payments to offset veterans’ copayment debts;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation that will reduce the amount of medication copayments paid by veterans to be equal to, or less than, the lowest-price copayments charged by retail pharmacies to veterans and nonveterans; AND

BE IT FURTHER RESOLVED that, in the case of over-the-counter medications, Congress should prohibit the VA from charging medication copayments that exceed the retail cost of these drugs sold in VCS retail stores.

§ § §

RESOLUTION NO. 115

SUPPORT MODERNIZING DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE INFRASTRUCTURE

WHEREAS, the Department of Veterans Affairs' (VA's) primary mission is to meet the needs of ill, injured and disabled veterans through inpatient hospital care, outpatient primary and specialty care, and long-term care, which is best accomplished through facilities operated by the VA for the exclusive benefit of veterans; and

WHEREAS, the VA operates the largest integrated health care system in the United States, with over 9 million enrolled veterans, and annually provides medical care to over 7 million veteran users; and

WHEREAS, the VA operates over 170 medical centers (VAMC), almost 1,300 community-based outpatient clinics (CBOC), over 100 nursing homes known as "community living centers" (CLC), over 300 readjustment counseling Vet Centers and other facilities that deliver health care to veterans; and

WHEREAS, the majority of VA medical centers are over 50 years old and were designed and built under an outmoded model of health care delivery based on centralized hospital inpatient episodes of care; and

WHEREAS, the VA must continue modernizing its health care system to meet veterans' current and future health care needs, enhance access to its system of care and optimize its use of federal resources; and

WHEREAS, the VA's Strategic Capital Investment Planning (SCIP) program estimates it could require \$70 billion over the next 10 years to maintain the VA's existing health care facilities and expand capacity to meet rising demand for care; and

WHEREAS, there has been a consistent pattern over many years of the VA requesting, and Congress appropriating, far less than the level of funding required to maintain the VA's health care infrastructure based on SCIP estimates; and

WHEREAS, the current budget and appropriations process is not conducive to fully funding the VA's health care infrastructure needs; and

WHEREAS, congressional budget rules require the 10-year cost of VA leases to be offset in the first year of operation, making it difficult to renew or sign new leases for CBOCs, thereby threatening the VA's timely delivery of health care; and

WHEREAS, the VA MISSION Act (Public Law 115-182) included a section to establish an Asset and Infrastructure Review (AIR) to assess all VA health care facilities and develop a plan to strengthen, expand and realign them to more effectively deliver health care in the future; and

WHEREAS, the AIR process began in 2021 and requires the VA to produce a comprehensive plan for its infrastructure by January 2022, which will be reviewed and approved by an independent commission in January 2023 and subsequently will be approved or rejected by the President and Congress in 2023; and

WHEREAS, the AIR process will only be successful if the VA develops its infrastructure plan in consultation and collaboration with veterans service organization (VSO) stakeholders and if VA and the commission operate in an open and transparent manner that listens to the concerns and preferences of veterans who use the VA health care system; and

WHEREAS, there is a history of ineffective VA management and congressional oversight of VA health care construction projects that requires fundamental reforms to streamline the approval, management and oversight processes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports modernization of the VA's health care infrastructure and urges the VA to request, and Congress to approve, at minimum the level of infrastructure funding the VA's SCIP process estimates is required; AND

BE IT FURTHER RESOLVED that Congress should carefully monitor any proposed changes in the VA's infrastructure that could jeopardize the VA's ability to meet veterans' needs for primary and specialized VA health care and rehabilitative services or that would threaten the VA's medical education, biomedical research or national emergency missions; AND

BE IT FURTHER RESOLVED that the VA and Congress must implement the AIR process fully and faithfully, consulting with VSOs and operating in an open and transparent manner, fulfilling the core principle that the VA remain the primary provider and the coordinator of care for enrolled veterans; AND

BE IT FURTHER RESOLVED that Congress should examine new models for funding VA infrastructure to guarantee that adequate funding is readily available to maintain existing and build new health care facilities; AND

BE IT FURTHER RESOLVED that the VA and Congress should reform and streamline the approval, management and oversight of construction projects to more quickly deliver health care facilities and more efficiently use appropriated funding.

§ § §

RESOLUTION NO. 116

SUPPORT IMPROVEMENTS IN PROVIDER TRAINING AND BENEFICIARY TRAVEL BENEFITS FOR VETERANS SEEKING SPECIALIZED TREATMENT PROGRAMS AND CARE FOR MILITARY SEXUAL TRAUMA

WHEREAS, the fiscal year (FY) 2018 Department of Defense Office of Sexual Assault Prevention and Response (SAPRO) annual report on sexual assault in the military indicated that about 20,500 service members experienced unwanted sexual contact in FY 2018, which represented an increase of 6.2% in active-duty women and 0.7% of active-duty men who experienced sexual assault in 2016; and

WHEREAS, the growing prevalence of sexual assault in the military is alarming and often results in lingering physical, emotional or chronic psychological symptoms in assault survivors; and

WHEREAS, 33% of women and 2% of men enrolled in the Department of Veterans Affairs (VA) health care system report they had experienced military sexual trauma (MST); and

WHEREAS, in FY 2014, more than 76% of women veterans in the VA who screened positive for MST received outpatient care for either a mental or physical health condition related to MST; and

WHEREAS, the VA provides specialized residential and outpatient counseling programs and evidence-based treatments for MST survivors within VA medical centers, clinics and Vet Centers; and

WHEREAS, based on VA clinical determinations, some veterans request or are referred to VA medical facilities other than their local facilities or closest Veterans Integrated Service Network to receive the specialized care they need; and

WHEREAS, the VA's current policy in beneficiary travel permits reimbursement to a veteran only from a veteran's home of record to the nearest VA facility by road mileage, whether or not that facility possesses the expertise needed for a particular type of care, including inpatient and residential treatment for MST-related needs; and

WHEREAS, if a VA clinician determines an MST survivor needs specialized care from a VA MST inpatient facility, the VA's beneficiary travel policy may serve to obstruct access to that resource or force an MST survivor to self-pay travel costs in order to gain access to these specialized services; and

WHEREAS, the VA has temporary authority under Public Law 116-159, which will expire September 30, 2021, to provide beneficiary travel to veterans seeking specialized care for MST from a distant Vet Center; and

WHEREAS, evidence-based treatment practices known to successfully treat veterans with MST-related mental health conditions are available but not systemically used by all providers treating these patients; and

WHEREAS, the VA offers MST-related training and has produced clinical practice guidelines and formulated evidence-based treatments and states that its mental health providers who treat MST survivors complete specialized training to treat such patients; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on the VA to authorize beneficiary travel to distant VA medical centers for veterans seeking specialized MST care; AND

BE IT FURTHER RESOLVED that DAV calls upon Congress to permanently extend authority for beneficiary travel to Vet Centers for such purposes, to ensure all MST survivors gain access to the specialized treatment programs and services they need to fully recover from sexual trauma that occurred in military service and are enabled to choose gender-exclusive treatment options, including their preferred sex of provider, to the maximum extent possible; AND

BE IT FURTHER RESOLVED that DAV supports legislation to require all VA providers offering MST-related treatment, in addition to providers in the Veterans Community Care Program offering such care, to receive specialized training in addressing the needs of individuals who have experienced sexual assault; AND

BE IT FURTHER RESOLVED that DAV urges the VA to continually improve its MST treatment programs and ensure dissemination of MST evidence-based clinical practice guidelines throughout the VA health care system.

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RESOLUTION NO. 117

**SUPPORT LEGISLATION TO IMPROVE DEPARTMENT OF
VETERANS AFFAIRS PROGRAMS DESIGNED TO PREVENT
AND TREAT SUBSTANCE USE DISORDERS IN VETERANS**

WHEREAS, the misuse and abuse of alcohol and other addictive substances is a major health problem for many Americans, including veterans; and

WHEREAS, in fiscal year 2018, 520,000 veterans were treated for diagnoses related to substance use or abuse within the VA; and

WHEREAS, long-term use of opioids springing from the chronic pain diagnosed for many veterans has sometimes led to overuse or addiction; and

WHEREAS, substance use disorders result in significant health and social deterioration and financial costs to veterans, their families and the nation; and

WHEREAS, data from a Department of Veterans Affairs (VA) national study showed that 40% of VA outpatients reported hazardous use of alcohol and 22% reported full alcohol abuse, but only 31% of the respondents reported being counseled about alcohol use and fewer referred to care; and

WHEREAS, substance abuse increases risk for suicidal behavior in veterans, especially in women; and

WHEREAS, substance use disorders are also associated with family instability, homelessness, decreased worker productivity and declining health status; and

WHEREAS, veterans are at risk for post-traumatic stress disorder (PTSD) and a wide array of other medical and psychological conditions, which may be associated with veterans' increased use of substances; and

WHEREAS, the VA offers evidence-based treatment for substance use disorders, including stepped care and medication-assisted withdrawal for opioid abuse, few integrated treatment programs that would work to address both the substance use disorder and co-occurring PTSD, depression, anxiety, or other medical or mental health conditions which may cause or exacerbate veterans' inappropriate use of substances; and

WHEREAS, in some locations, the VA lacks timely access to a continuum of available services that ranges from detoxification to rehabilitation in order to effectively treat substance use disorders; and

WHEREAS, few locations may offer gender-exclusive care options that may be conducive to recovery for veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports program improvement and enhanced resources for VA substance use disorder programs, including gender-exclusive options for veterans who prefer them, to achieve a full spectrum of evidence-based accessible and available treatment; AND

BE IT FURTHER RESOLVED that this treatment must include identification of effective evidence-based psychotherapeutic programs for veterans with co-morbid mental health and substance use disorder conditions, regardless of their place of residence.

§ § §

RESOLUTION NO. 118

SUPPORT PROGRAM IMPROVEMENT AND ENHANCED RESOURCES FOR DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH PROGRAMS AND SUICIDE PREVENTION

WHEREAS, Department of Veterans Affairs (VA) research indicates that rates of suicide among veterans are significantly higher than for age-adjusted cohorts in the civilian population, with an average of 17.2 veterans a day dying by suicide in 2019; and

WHEREAS, veterans are almost twice as likely to die by suicide as non-veteran peers; and

WHEREAS, the VA has made suicide prevention its top clinical priority; developed a national strategy using a public health model to provide population-based initiatives to veterans who use VA health and those who do not; and created a crisis intervention hotline, employing suicide prevention coordinators and developing a clinical algorithm to detect veterans with the most risk factors for suicidal ideation or suicide; and

WHEREAS, addressing the underlying conditions that may increase risk of suicide requires a multidisciplinary, comprehensive mental health program that identifies, screens, diagnoses and treats veterans with evidence-based protocols, in a manner that is recovery-oriented, patient-centered, culturally sensitive and strives to tailor care to factors such as ethnic background and gender to ensure treatment engagement; and

WHEREAS, the most recent eras of veterans have demonstrated high reliance upon the VA and higher utilization of mental health and substance use disorder services; and

WHEREAS, the President has recently expanded eligibility to mental health care to all service members within their first year of separation from the military and to emergency mental health care for those veterans who may have discharges characterized as other than honorable; and

WHEREAS, the VA reports that veterans of these recent eras have sought care for a wide range of medical and psychological conditions, including mental health conditions, such as adjustment disorder, anxiety, depression and post-traumatic stress disorder (PTSD); and

WHEREAS, between fiscal year (FY) 2006 and FY 2020, more than 1.72 million veterans received specialized mental health care from the VA, an increase of 85%; and

WHEREAS, the VA has improved access to mental health services at its 820 community-based outpatient clinics, but such services still are not readily available at all sites; and

WHEREAS, we remain concerned about the capacity in specialized PTSD programs and the availability of a full continuum of VA substance use disorder services, from inpatient detoxification to long-term residential treatment beds; and

WHEREAS, although additional funding has been dedicated to enhancing and improving capacity in these programs, VA mental health providers continue to express concerns about sustained resources to support, and consequent rationed access to, these specialized services; and

WHEREAS, the Department of Defense and the VA share a unique obligation to meet the health care, including mental health care and rehabilitation, needs of veterans who are suffering from readjustment difficulties as a result of wartime service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports program improvements, data collection and reporting on suicide rates among service members and veterans; improved outreach through general media for stigma reduction and suicide prevention; sufficient staffing to meet demand for mental health services; and enhanced resources for VA mental health programs, including Vet Centers, to achieve readjustment of new war veterans and continued effective mental health care for all enrolled veterans needing such services.

§ § §

RESOLUTION NO. 119

SUPPORT SUSTAINED AND SUFFICIENT FUNDING TO IMPROVE SERVICES FOR HOMELESS VETERANS

WHEREAS, compared to nonveterans, veterans are at higher risk of homelessness, and women veterans especially face unique challenges that increase their risk of homelessness; and

WHEREAS, many veterans experience post-deployment readjustment conditions such as post-traumatic stress disorder, substance use disorders acquired during or worsened by their military service, or traumatic brain injuries that may make their participation in the workforce difficult or impossible, making them more prone to homelessness; and

WHEREAS, the Department of Veterans Affairs' (VA's) specialized homelessness programs each year provide health care to almost 150,000 homeless veterans and other services to more than 112,000 veterans; and

WHEREAS, with greater numbers of women serving in military deployments and the greater likelihood of women veterans being single parents, new and more comprehensive housing and child care services are needed; and

WHEREAS, a wide variety of public and private programs are in place to assist veterans in preventing or overcoming chronic homelessness, but these programs are often underfunded; and

WHEREAS, the VA initiatives to end homelessness among veterans through enhanced collaboration with other federal, state, faith-based, veterans service organization and community partners have made significant inroads in decreasing homelessness among veterans; and

WHEREAS, annual point-in-time counts, a "snapshot" of homelessness on a given night in America, have demonstrated downward or stable trends in homelessness since 2009 but have not yet registered the economic or psychosocial impact of quarantine and lockdowns related to the COVID-19 pandemic; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to sustain sufficient funding to continue to support the VA's initiative to eliminate homelessness among veterans and strengthen the capacity of the VA Homeless Veterans program, to include increasing its mental health and substance use disorder programs' capacity, providing vision and dental care services to homeless veterans as required by law, incorporating child care and legal aid for veterans in homeless programs where possible, and improving its outreach efforts to help ensure homeless veterans gain access to the VA's specialized health and benefits programs; AND

BE IT FURTHER RESOLVED that DAV urges Congress to continue to authorize and appropriate funds for competitive grants for transitional housing to community-based organizations, that it fund the Supportive Services for Veterans Families program to ensure prevention of homelessness among veterans and their families, that it authorize vouchers through the Department of Housing and Urban Development and require the VA to provide effective case management and health and supportive

services necessary for them to stay housed, and that it fund the Department of Labor's Homeless Veterans Reintegration Program to reengage veterans in employment or other productive activity.

§ § §

RESOLUTION NO. 122

**SUPPORT THE AUTOMATIC ENROLLMENT OF MEDICALLY RETIRED
VETERANS INTO THE DEPARTMENT OF VETERANS AFFAIRS
HEALTH CARE SYSTEM WITH AN OPT-OUT PROVISION**

WHEREAS, some service members, while on active duty in the U.S. armed forces, may experience disabilities of varying degrees, and these disabilities may impact job performance; and

WHEREAS, in some cases, these service members may be medically retired by physical and/or mental conditions, as determined by the Physical Evaluation Board (PEB), which stand in the way of completing their duties; and

WHEREAS, despite the availability of the Transition Assistance Program (TAP) to help active-duty members who are medically retired understand available benefits, the medical retirement process is often confusing; and

WHEREAS, as part the TAP process, a presentation is made describing the Department of Veterans Affairs (VA) health care system and benefits; and

WHEREAS, enrollment into the VA health care system is presented as an opt-in option, placing the responsibility of enrollment on the veteran being medically retired, and transferring veterans' medical records from the Department of Defense (DOD) to the VA is, at times, problematic; and

WHEREAS, making enrollment into the VA health care system automatic during the separation process would relieve veterans being medically retired of responsibilities for enrolling themselves and would make the transfer of medical records from the DOD to the VA more seamless; and

WHEREAS, some veterans being medically retired may choose not to enroll in the VA and an opt-out provision should be included in the automatic enrollment process; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the automatic enrollment of medically retired veterans into the VA health care system with an opt-out provision.

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RESOLUTION NO. 167

SUPPORT RESEARCH ON, AND EXPAND ACCESS TO, INVESTIGATIONAL DRUGS FOR AMYOTROPHIC LATERAL SCLEROSIS

WHEREAS, amyotrophic lateral sclerosis (ALS) is a terminal neurodegenerative disease that leads to loss of muscle strength and coordination, causing people affected to lose their ability to perform routine tasks of daily living and eventually lose control of bodily functions such as swallowing; and

WHEREAS, for reasons not clearly understood, and unrelated to specific duties, eras or locations of service, military service itself is a risk factor for future diagnosis of ALS; and

WHEREAS, a veteran who served between 1910 and 1982 is about 1.5 times more likely to be diagnosed with ALS compared with someone who never served in the military; and

WHEREAS, current law and regulations direct the Secretary of the Department of Veterans Affairs (VA) to provide presumptive service-connected compensation for ALS (section 3.318, title 38, Code of Federal Regulations); and

WHEREAS, the average age of patients with ALS is 55 years old, and ALS has a poor prognosis with life expectancy after diagnosis, ranging from three to five years for most individuals; and

WHEREAS, there is currently no “cure” for ALS, but some treatments can slow progression or ease symptoms that lead to improved quality of life; and

WHEREAS, some promising investigational drugs and therapies have demonstrated increased survival and function for people diagnosed with ALS, but veterans have not had optimal access to these breakthrough therapies through the VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, encourages the VA to seek out collaborative partnerships to allow veterans to participate in multisite clinical drug trials that will expand access to breakthrough treatment for interventions intended to prevent, diagnose, mitigate, treat or cure ALS; AND

BE IT FURTHER RESOLVED that the VA should prioritize research into ALS as a service-connected condition disproportionately affecting certain veterans.

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RESOLUTION NO. 203

SUPPORT EFFECTIVE CARE FOR VETERANS WITH DEMENTIA WITHIN THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, the Department of Veterans Affairs (VA) faces a large and growing number of veterans with dementia, including Alzheimer's disease and other organic diseases of the brain; it is prevalent in more than 774,000 veterans, including over 400,000 veterans enrolled in VA health care; and

WHEREAS, the risk of Alzheimer's disease and dementia is higher for populations in the VA that are already at risk for certain adverse health outcomes including women (2.5 times higher risk than men) and higher for African Americans (2 times) and those of Hispanic ethnicity (1.5 times) than white individual populations; and

WHEREAS, research shows that military-related exposures such as traumatic brain injury and post-traumatic stress disorder, as well as depression, are linked to an increased risk of Alzheimer's disease and other forms of dementia, and the VA estimates that as many as a quarter of new cases of dementia may be associated with these military exposures; and

WHEREAS, advanced age also disproportionately affects veterans' risk for developing dementia (46% of veterans are more than 65 years old compared to the 16.5% in the general population of the United States); and

WHEREAS, dementia is a chronic and incurable condition, costing the VA three times more than the average patient; and

WHEREAS, dementia impairs key executive functions, such as memory and cognition, including language, insight, judgment and ability to plan; diminishes the ability for self-care; triggers behavioral and psychological problems; and creates a heavy burden on caregivers; and

WHEREAS, dementia is difficult to diagnose and is often missed by clinicians, and there are high levels of off-label use of antipsychotic medications, particularly in institutional settings, that may be inappropriate or even harmful for patients with dementia; and

WHEREAS, a team approach to supporting family caregivers of dementia patients by assisting them with navigating the VA's complex array of health care and financial benefits and coaching them on effective approaches to managing challenging behaviors, diversional activities and nonverbal communication has proven more effective than off-label use of antipsychotic medication; and

WHEREAS, lifestyle changes have been proven to delay or prevent disease for as many as a quarter of veterans with cognitive impairment; and

WHEREAS, the VA's Geriatric Evaluation and Management (GEM) teams, which include a memory care coordinator, may assist family caregivers with education about VA services, patient health and wellness, patient safety, and making legal and care plans for the future; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to increase support and resources for improved dementia care and programming, including GEMs with a dedicated memory care coordinator at each VA medical center.

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RESOLUTION NO. 207

URGE THE DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE PROMPT SCREENING AND TREATMENT FOR VETERANS EXPOSED TO DEPLETED URANIUM AND SUPPORT ADDITIONAL RESEARCH INTO THE LONG-TERM HEALTH EFFECTS OF SUCH EXPOSURE

WHEREAS, the military utilized the extreme density of depleted uranium in projectiles and tank armor during the Persian Gulf War, Bosnia, and in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF); and

WHEREAS, exposure to the heavy metal depleted uranium as a result of friendly-fire incidents, cleanup and salvage operations, and proximity to burning tanks and ammunition containing depleted uranium, poses hazards, including chemical toxicity to humans when internalized through ingestion, inhalation, shrapnel and contaminated wounds; and

WHEREAS, over 1.1 million service members have deployed to the Southwest Asia theater of operations, and over 2 million OIF/OEF service members have deployed, and the Department of Veterans Affairs' (VA's) Depleted Uranium Program, established in 1993, has assessed over 3,000 veterans exposed to depleted uranium; and

WHEREAS, during the Gulf War, an estimated 134 to 164 people experienced "level 1" exposure (the highest of three exposure categories as classified by the Department of Defense (DOD)) through wounds caused by depleted uranium fragments, inhalation of airborne depleted uranium particles, ingestion of depleted uranium residues or wound contamination by depleted uranium residues; and

WHEREAS, hundreds or thousands more may have been exposed to lower exposure through inhalation of dust containing depleted uranium particles and residue or ingestion from hand-to-mouth contact or contamination of clothing; and

WHEREAS, questions remain regarding the testing process used by the DOD and the VA; 10 veterans who served in OIF had confirmed depleted uranium detected in their urine, and all had depleted uranium embedded fragments or fragment injuries; and

WHEREAS, the Institute of Medicine (IOM) Committee, mandated by Congress to examine scientific and medical literature on the potential health effects of chemical, biological and radiological agents, could not determine the likelihood of increased risk of adverse health outcomes among Gulf War veterans due to exposure to the agents examined in its 2000 report, due to the lack of exposure data; and

WHEREAS, the IOM Committee, in its 2008 updated scientific and medical literature review regarding exposure to depleted uranium and long-term human health outcomes, assigned a high priority to continue monitoring a possible association between exposure and several diseases and conditions; and

WHEREAS, the VA Advisory Committee on Gulf War Veterans' Illnesses recognized the limited number of research projects to examine the impact of the total exposures and experience of deployment and war on veterans' health; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to provide prompt medical screening and treatment to any veteran that may have been exposed to depleted uranium; AND

BE IT FURTHER RESOLVED that DAV supports additional research to examine the health effects of exposure to depleted uranium.

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RESOLUTION NO. 209

SUPPORT LEGISLATION TO IMPROVE THE CARE AND BENEFITS FOR VETERANS EXPOSED TO MILITARY TOXIC AND ENVIRONMENTAL HAZARDS

WHEREAS, veterans of all military conflicts from the world wars to the wars in Iraq and Afghanistan have been exposed to environmental hazards and man-made toxins, including cold and other adverse weather conditions; mustard gas; herbicides; pesticides; chemical, biological and radiological agents; “burn pits”; and other combat and military occupational exposures; and

WHEREAS, returning from war, some veterans subsequently suffer disabling conditions and symptoms of illnesses that may be difficult to medically diagnose and not be immediately identified as consequential to such dangerous exposures; and

WHEREAS, research conducted by the National Institutes of Health, the Departments of Defense (DOD) and Veterans Affairs (VA), and other federal departments and agencies have focused on associations linking toxic and environmental exposures with subsequent health status of veterans (and, in the case of Vietnam veterans, some of their children); and

WHEREAS, sustained funding for such research is necessary to ensure veterans receive high-quality health care services and adequate compensatory benefits to which they are entitled due to diseases or injuries incurred from hazardous military exposures; and

WHEREAS, in studies mandated by Congress in public law, the National Academy of Sciences continues to review and evaluate scientific literature to determine whether associations exist that connect a variety of military exposures and certain physical disorders within populations of veterans; and

WHEREAS, effective evidence-based medicine to treat individual patients with acute or chronic diseases must rely on scientifically valid biomedical research and peer-reviewed literature; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and the VA to determine validations of, and develop equitable compensation policy for, environmentally exposed veterans; AND

BE IT FURTHER RESOLVED that DAV urges Congress to provide adequate funding for research to identify all disabling conditions and effective screening and treatment for such disabilities that may have been caused by exposure to environmental hazards and man-made toxins while individuals served in the armed forces of the United States; AND

BE IT FURTHER RESOLVED that DAV urges greater collaboration between the DOD and VA to share necessary deployment, health and exposure data from military operations and deployments, in order to timely and adequately address the subsequent health concerns of disabled veterans, whatever the causes of those disabilities; AND

BE IT FURTHER RESOLVED that DAV intends to closely monitor programs of care within the Veterans Health Administration to ensure veterans disabled by exposure to environmental hazards and man-made toxins receive effective, high-quality health care and that the biomedical research and development programs of the Department are fully addressing their needs.

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RESOLUTION NO. 241

**DEVELOP CLINICAL PRACTICE GUIDELINES ON PREVENTION,
EARLY DETECTION AND INTERVENTION FOR LUNG CANCER**

WHEREAS, lung cancer is the second-most common cancer in men and women and the leading cause of death from cancer; and

WHEREAS, veterans are more likely to be exposed to hazardous and potentially carcinogenic agents such as dioxin, burn pits and environmental agents than nonmilitary personnel; and

WHEREAS, individuals may not experience or recognize symptoms of lung cancer until the disease has progressed to an advanced stage; and

WHEREAS, even when lung cancer does cause symptoms, many people may mistake them for acute health conditions such as infections, which may delay the diagnosis; and

WHEREAS, based on findings that low-dose CAT scans (LDCT) caught more early-stage lung cancer than chest X-rays, the American Cancer Society has developed guidance for screening high-risk individuals, including use of annual LDCT screening for people at higher risk for developing lung cancer; and

WHEREAS, early detection may significantly increase the likelihood of successful treatment of lung cancer; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the Department of Veterans Affairs developing and implementing new clinical guidance on the prevention, detection and treatment of lung cancer, including the appropriate use of LDCT scans for early detection of lung cancer in at-risk populations.

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RESOLUTION NO. 254

**REQUIRE A VETERAN’S ATTENDING DEPARTMENT OF VETERANS
AFFAIRS PHYSICIAN TO PROVIDE A MEDICAL OPINION WITH
REGARD TO A CLAIM FOR VA DISABILITY COMPENSATION**

WHEREAS, section 5103A, title 38, United States Code, requires the Secretary of Veterans Affairs to assist a veteran by providing a medical examination and opinion when necessary to make a decision on a claim for disability benefits; and

WHEREAS, section 3.159, title 38, Code of Federal Regulations, requires Department of Veterans Affairs (VA) health care providers, under specified circumstances, to provide statements and medical opinions on conditions, employability and degree of disability; and

WHEREAS, Veterans Health Administration (VHA) policy describes Disability Benefit Questionnaires (DBQ) as a documentation tool designed for easy use and provides a format for documenting medical evidence that aids Veterans Benefits Administration rating specialists in making decisions on claims; and

WHEREAS, it is also VHA policy that DBQs are intended for use by VHA primary care and specialty care providers, and VHA clinicians who are not disability examiners may complete DBQs; and

WHEREAS, the VA’s continued mission is to be a provider of choice for enrolled veterans, and delivering to them a comprehensive medical benefits package; and

WHEREAS, through education, training and experience, VA physicians gain special insight into the veterans’ experience and specialized knowledge of the diseases and disabilities common to military service; and

WHEREAS, when VA physicians refuse to provide statements or opinions for veteran patients, those denials are inconsistent with the goal of VHA to provide comprehensive care and place a serious burden on veterans who may not be able to afford a private medical opinion; and

WHEREAS, providing medical information for disability evaluations or examinations to support adjudication of claims remains inconsistent, because some local VA facilities’ practices resist completing DBQs requested by claimants; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to develop and implement a consistent policy requiring VA health care practitioners to provide medical statements or opinions when requested by veterans in conjunction with claims for VA benefits.

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RESOLUTION NO. 255

**URGE THE DEPARTMENT OF VETERANS AFFAIRS TO APPLY
A CONSISTENT COORDINATED CARE POLICY FOR ENROLLED
VETERANS WITH A HOME RESIDENCE IN TWO STATES**

WHEREAS, many service-connected disabled veterans temporarily split their principal residence between two locations; and

WHEREAS, coordination and continuity of care are core features of high-quality primary care and have been shown to offer significant benefits, including lower rates of hospitalization and lower mortality; and

WHEREAS, the Veterans Health Administration (VHA) policy defining how patients are assigned to Department of Veterans Affairs (VA) primary care providers states that, in general, each veteran receiving VA primary care must be assigned a single primary care provider within the VA health care system; and

WHEREAS, under VHA Handbook 1101.11(3), veterans who spend a significant part of the year living between two regions and who have complex health care needs requiring close ongoing care management may have primary care providers assigned at two geographically distant facilities; and

WHEREAS, some service-connected veterans who would otherwise be eligible for a secondary VA primary care provider may be denied this critical service; and

WHEREAS, many service-connected veterans are unaware that their VA provider may assess their need for assignment to another facility to manage complex health needs to better coordinate execution of a personal health care plan between the preferred and alternate VA facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to improve its care coordination policy for enrolled veterans with a home residence in two states, especially service-disabled veterans with complex medical needs, who may require the assignment of two primary care providers.

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RESOLUTION NO. 256

SUPPORT DEPARTMENT OF VETERANS AFFAIRS MEDICAL AND PROSTHETIC RESEARCH PROGRAMS

WHEREAS, to restore the wounds and injuries, to maintain the health of veterans of prior conflicts, and to develop new treatments for veterans wounded and injured in today's and future conflicts, the Department of Veterans Affairs (VA) Medical and Prosthetic Research program provides a vital service and investment for veterans; and

WHEREAS, funded VA researchers are studying injuries and illnesses emanating from war, such as traumatic brain injury, burns, paralysis and amputations, and illnesses and diseases that disproportionately appear in the wartime veteran population, such as toxic environmental exposures, numerous organic illnesses, and post-traumatic stress disorder and other associated mental health sequela of war; and

WHEREAS, VA researchers have been recognized by multiple awards of Nobel Prizes, Lasker Awards (the "American Nobel Prize"), and many other public and private emblems of achievement for elevating the standards of health care not only for wounded and injured veterans but for people all around the world, including publication of tens of thousands of research developments in peer-reviewed medical literature; and

WHEREAS, VA researchers contribute directly to the health of veterans by serving as clinical providers in VA health care facilities and carry out important faculty and attending duties to sustain the VA's affiliations with the nation's schools of health professions, thereby elevating the standards of health care for all; and

WHEREAS, VA research is conducted only after rigorous scientific peer review, supervised by institutional review boards, and only in conformance with the Common Rule and other ethical and humanitarian constraints to ensure informed consent and safety of all research volunteers and the efficacy of approved research projects; and

WHEREAS, the VA's clinician-scientists in VA Rehabilitation Research and Development Service, who constitute the world's foremost scientists working in this field, invent and adapt specialized prosthetic, orthotic and other appliances, supports and treatments, using numerous groundbreaking technologies, to improve the lives of countless numbers of severely disabled veterans, including many members of DAV; and

WHEREAS, the annual VA Medical and Prosthetic Research appropriation constitutes less than one-tenth of 1% of the VA's health care budget, but research funding has been subjected to rescissions, and its annual appropriation fails even to account for uncontrollable research inflation; and

WHEREAS, the VA has made some progress in addressing almost \$800 million in repairs, restorations and replacements that are needed for the VA's research laboratories, some of which involve life and safety risks for VA employees and veteran volunteers, but at least \$200 million worth of critical repairs must still be made; and

WHEREAS, information technology research, including cloud storage and credits to manipulate large databases, is integral to identify genomic patterns and other associations between veterans and health outcomes, including the effectiveness or adverse outcomes of particular treatments for a given population; and

WHEREAS, this requires dedicated resources to the development, operations and maintenance of information technology proportional to the resources provided the VA Medical and Prosthetic Research budget; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly supports the VA's Medical and Prosthetic Research program as a vital investment in the future, affecting wounded, injured and ill veterans, and urges the VA and Congress to adequately fund this program by ensuring there is adequate eradication of infrastructure and information technology deficits so that it may continue its remarkable traditions in helping veterans recover and rehabilitate, to improve the quality of their lives.

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RESOLUTION NO. 258

**SUPPORT TOP-PRIORITY ACCESS FOR SERVICE-CONNECTED VETERANS
WITHIN THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM**

WHEREAS, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has issued national directives and policies to affirm its commitment to providing top-priority access to hospital care and medical services to veterans with service-connected disabilities, regardless of the percentage assigned to the service-connected disability rating, in absence of compelling medical reasons to the contrary; and

WHEREAS, many VA facilities are struggling to fulfill this mandate because of budget pressures, insufficient local resources and demand exceeding capacity because of increasing patient workloads; and

WHEREAS, DAV continues to receive complaints from service-connected veterans who are being denied priority access to VA health care services or report their access to care is being delayed; and

WHEREAS, due to inadequate resources, VHA at times has been forced to establish waiting lists and implement other types of health care rationing, absent compelling medical reasons; and

WHEREAS, the VA is poised to realign and expand availability of health care services to meet the diverse needs of future veterans; reform its management by increasing efficiency, transparency and accountability to become more veteran-centric; and restructure all its community care programs into flexible and responsive integrated networks to deliver high-value, quality care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports strict enforcement by VHA, including VHA network and medical center directors, of governing policies providing service-connected veterans priority access to care, unless compelling medical reasons affecting other veterans prevent such priority from being extended to them.

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RESOLUTION NO. 259

**URGE DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES
TO PROVIDE REASONABLE ACCESS TO SERVICE DOGS,
INCLUDING ENCLOSED ANIMAL RELIEF AREAS**

WHEREAS, many veterans have service-connected conditions including visual, hearing or significant mobility impairments or mental illness for which the Department of Veterans Affairs (VA) will approve use of a service or guide dog upon completion of approved training protocols; and

WHEREAS, the VA recognizes the benefit of service and guide dogs to veterans when their use can facilitate the rehabilitation goals, increase functionality, enhance independence and improve the quality of life for certain veterans; and

WHEREAS, Veterans Health Administration (VHA) Directive 1188(1) states that it is VHA policy to permit service animals to accompany individuals with a disability to all areas of a VHA property on the same terms and conditions, and subject to the same regulations, as generally govern the admission of the public, while maintaining a safe environment for patients, employees, visitors and the service animal; and

WHEREAS, section 1.218, title 38, Code of Federal Regulations, and VHA Directive 1188 state the veteran is responsible for the service dog while on VHA property and such responsibility includes providing water, food and elimination breaks for the service dog in an outdoor area; and

WHEREAS, veterans with service-connected visual, hearing or significant mobility impairments or mental illness require service and guide dogs to safely navigate VHA property to access needed benefits and services; and

WHEREAS, receiving needed medical benefits and services often requires the veteran and their service animal to remain at the VA medical facility for extended periods; and

WHEREAS, veterans must have reasonable access to safe, enclosed areas to meet the required responsibility for care and stewardship of service dogs while on VHA property for extended periods; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges that the VA carry out its policies to permit reasonable access to VA facilities by service and guide dogs to veterans consistently throughout the system; AND

BE IT FURTHER RESOLVED that Congress should enact legislation setting forth VA standards for admission to VA properties and management of service and guide animals that are equivalent to rules applicable to every other private and public structure in the United States, as dictated by the Americans With Disabilities Act of 1990, as amended; AND

BE IT FURTHER RESOLVED that each VA medical center provide enclosed areas in which a service dog has access to water and a safe area for exercise and elimination.

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RESOLUTION NO. 260

**URGE THE DEPARTMENT OF VETERANS AFFAIRS TO SUPPORT
COMPREHENSIVE RESEARCH ON HEALTH EFFECTS OF CHILDREN
OF MALE VIETNAM VETERANS EXPOSED TO AGENT ORANGE**

WHEREAS, research studies reviewed by the National Academy of Medicine (NAM) have not shown that there are increased rates of birth defects among children of male Vietnam veterans, except for spina bifida, where it found a “limited/suggested” association between paternal exposure to the herbicides used in Vietnam, or to dioxin, and a higher risk of spina bifida among their children; and

WHEREAS, there is a growing body of evidence that exposure to herbicide and its contaminants can induce epigenetic changes that pass from parent to offspring in animal models; and

WHEREAS, the NAM has found that the available epidemiologic studies are of insufficient quality, consistency or statistical power to permit a conclusion regarding the presence or absence of an association with birth defects (other than spina bifida) as well as childhood cancer (including acute myeloid leukemia) in offspring of exposed people; and

WHEREAS, to resolve questions regarding paternally transmitted effects to their offspring, the NAM continues to recommend that laboratory research be conducted to characterize herbicides’ and their contaminants’ potential for inducing epigenetic modifications, study paternal exposure in the absence of maternal exposure and review systematically defined clinical health conditions that are manifested later in the lives of offspring; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the Department of Veterans Affairs to conduct comprehensive research, including those recommended by the NAM, to determine the level of association between herbicide exposure and birth defects and other conditions of children of male Vietnam veterans.

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RESOLUTION NO. 261

**ENCOURAGE THE DEPARTMENT OF VETERANS AFFAIRS TO SUBMIT
CANDIDATES FOR THE GEORGE H. SEAL MEMORIAL AWARD PROGRAM**

WHEREAS, DAV created the George H. Seal Memorial Award Program as a means to recruit, retain and recognize volunteers who serve disabled veterans in Department of Veterans Affairs (VA) medical facilities and the local community; and

WHEREAS, the George H. Seal Memorial Award annually recognizes the remarkable efforts of an outstanding member of DAV and the Auxiliary who willingly donate their time and energy to disabled veterans in VA Voluntary Service programs; and

WHEREAS, at the beginning of each calendar year, DAV solicits every VA Voluntary Service program manager to nominate one deserving member of DAV and the Auxiliary from their facility in order to be considered for the George H. Seal Memorial Award, with little response; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly encourages each Voluntary Service program manager at every VA medical facility to submit the name of a deserving member of DAV and the Auxiliary to be considered for this prestigious award in appreciation of their dedication and service to America’s veterans through their voluntary service efforts.

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RESOLUTION NO. 262

**IMPLEMENT A PILOT PROGRAM TO ASSESS THE
EFFECTIVENESS OF POST-TRAUMATIC STRESS GROWTH**

WHEREAS, a significant portion (10%–30%) of veterans from all combat eras experience the chronic effects of post-traumatic stress disorder (PTSD); and

WHEREAS, unsuccessfully treated PTSD is associated with significant adverse consequences, such as substance use disorders, family dissolution, unemployment, homelessness, involvement in the justice system and even suicide; and

WHEREAS, the Department of Veterans Affairs (VA) has developed effective programs for addressing the chronic needs of most veterans struggling with PTSD through trauma exposure-based therapies and pharmaceutical interventions; and

WHEREAS, the VA is an acknowledged world leader in developing effective care for the treatment of post-traumatic stress disorder and continues to explore promising interventions; and

WHEREAS, notwithstanding their use of effective VA treatment protocols for PTSD, there are high rates of dropouts in many traumatic exposure therapies, and significant numbers of veterans continue to struggle; and

WHEREAS, post-traumatic stress growth emphasizes the development of resiliency by encouraging veterans to adopt different belief systems that may improve their abilities to cope, problem solve and find meaning in their lives after exposure to trauma; and

WHEREAS, certain post-traumatic stress growth programs such as the U.S. Army’s Comprehensive Soldier Fitness initiative—Master Resilience Training—and the Boulder Crest Warrior programs have been associated with improved psychological health, which may be sustained for months after treatment; and

WHEREAS, these programs are often provided by trained peer counselors who may themselves be in recovery from PTSD; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to develop a pilot program to assess standardized post-traumatic stress growth programs to ensure effectiveness in achieving long-term health outcomes in meeting the needs of veterans with treatment-resistant, complex PTSD.

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RESOLUTION NO. 263

PROVIDE EASY AND EQUITABLE ACCESS TO DEPARTMENT OF VETERANS AFFAIRS TRANSPORTATION BENEFITS AND SERVICES

WHEREAS, because of service-connected disabilities, many disabled veterans face mobility challenges when attempting to access Department of Veterans Affairs (VA) health care benefits and services; and

WHEREAS, the VA is currently authorized to transport any person for any purposes to any location in connection with vocational rehabilitation, counseling and for the purpose of VA examination, treatment or care; however, transportation programs offered through the VA do not meet all the transportation needs of service-connected disabled veterans; and

WHEREAS, the VA Veteran Transportation Program has three components to accomplish its mission to improve the quality of life for veterans by increasing access to health care through integrated and cost-effective transportation solutions; and

WHEREAS, the Veterans Transportation Service (VTS) is intended to provide veterans with convenient and timely access to transportation services and to overcome barriers to receiving VA health care and services, and in particular to increase transportation options for veterans who need specialized forms of transportation to VA facilities; and

WHEREAS, wide variations in the eligibility for VTS transportation across the VA health care system is not consistent with overcoming barriers to receiving health care provided or purchased by the VA to service-connected veterans; and

WHEREAS, the VA Beneficiary Travel program is not available to all service-connected disabled veterans with mobility challenges, and confusion among local VA facilities due to vague policies for using special-mode transportation, such as a wheelchair van, is reflected in lower-than-expected utilization; and

WHEREAS, the VA Highly Rural Transportation Grant program provides grants to assist only veterans in highly rural areas through innovative transportation services to travel to VA medical centers and to otherwise assist in providing transportation services in connection with the provision of VA medical care to these veterans; and

WHEREAS, the VA lacks a consistent and comprehensive transportation policy for all service-connected disabled veterans across all established VA transportation and travel programs, benefits and services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to operate an effective and efficient transportation program for all service-connected veterans and to simplify access to transportation benefits and services to receive timely and high-quality VA health care, benefits and services.

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RESOLUTION NO. 264

INCREASE VETERANS' ACCESS AT DEPARTMENT OF VETERANS AFFAIRS FACILITIES BY EXTENDING COVERAGE ON WEEKDAYS AND WEEKENDS

WHEREAS, the Veterans Health Administration (VHA) is committed to providing quality care for eligible veterans when they want and need care; and

WHEREAS, prior to the COVID-19 pandemic, VHA had made some progress to improve access to health care services as the needs and preferences of the veteran patient population evolved; and

WHEREAS, regular business hours for VHA services are considered to be from 8:00 a.m. to 4:30 p.m., Monday through Friday, but offering extended operating hours could ease the burden on service-connected disabled veterans in balancing family, employment, community obligations and other commitments; and

WHEREAS, VHA Directive 2013-001 states that Department of Veterans Affairs (VA) medical centers and community-based outpatient clinics that treat more than 10,000 unique veterans per year must provide access to a full range of primary care, including women's health and mental health general outpatient services at least two hours beyond regular business hours at least once on weekdays and once every weekend; and

WHEREAS, local data, including feedback from service-connected veterans and local DAV members, should be used to determine which extended-hour options would best meet the needs of each facility's enrolled patient population; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to, based on local access data and patient feedback, implement extended operating hours at VHA health care facilities for services such as primary, specialty and mental health services.

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RESOLUTION NO. 279

**ESTABLISH STUDIES ON THE LONG-TERM EFFECTS OF EXPOSURE TO BISPHENOL A,
A SUBSTANCE FOUND IN PLASTIC DISPOSABLE WATER BOTTLES**

WHEREAS, according to studies by the National Institute of Environmental Health, plastic disposable water bottles can leach bisphenol A (BPA, also known as phthalates), from the plastic into the drinking water when exposed to extreme or moderate heat over time; and

WHEREAS, according to studies by Johns Hopkins University researcher Dr. Rolf Halden, chemicals called phthalates are “environmental contaminants that can exhibit hormone-like behavior by acting as endocrine disrupters in human and animals”; and

WHEREAS, studies reveal that heated plastics can increase the leaching of phthalates from containers into food or water, and studies further reveal that some of the common effects are cancers; and

WHEREAS, plastic disposable water bottles were used on a massive scale in Iraq, Afghanistan and other extreme-temperature locations for active-duty personnel; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to allow for additional research and studies from the National Academy of Science and/or other research facilities to determine the long-term health effects, to include cancers, of exposure to heated plastics and water bottles.

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RESOLUTION NO. 300

**PROVIDE BENEFICIARY TRAVEL BENEFITS FOR UNSCHEDULED VISITS
TO RECEIVE CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, a cornerstone of patient-centered care is having excellent access to appropriate clinical care using appropriate modes of health care delivery at the time patients want and need the care; and

WHEREAS, VA beneficiary travel provides payment of travel expenses within the United States under section 111, title 38, United States Code, to help veterans and other persons obtain care and services from the Department of Veterans Affairs (VA); and

WHEREAS, it is VA policy to pay travel expenses only for one-way travel to veterans who receive VA care without a scheduled appointment; and

WHEREAS, the nature of acute medical or psychiatric illness or minor injuries, for which there is a pressing need for treatment to prevent deterioration of the condition or impairing possible recovery, is generally unscheduled and episodic; and

WHEREAS, VA facilities have developed local policy to provide care to veterans on a “drop-in” basis rather than through a scheduled appointment and without properly documenting such pre-scheduled encounters, thus limiting travel benefits for service-connected veterans; and

WHEREAS, the VA MISSION Act (Public Law 115–182) provides veterans urgent care benefits through contracted community providers but will only pay beneficiary travel on a one-way basis, having also defined urgent care as an unscheduled visit; and

WHEREAS, VA policy also subscribes to the principle that access to appropriate primary and urgent care must ensure sufficient capacity to accommodate unscheduled “walk-in” patients; and

WHEREAS, VA beneficiary travel partial reimbursement for unscheduled visits runs counter to the stated purpose of the benefit, which is to “help ensure that beneficiary travel is covered only when necessary for the provision of care or services”; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress and the VA to change current beneficiary travel policy to pay round-trip travel expenses to veterans who receive VA care without a scheduled appointment.

§ § §

RESOLUTION NO. 324

REPEAL BENEFICIARY TRAVEL DEDUCTIBLE FOR SERVICE-CONNECTED DISABLED VETERANS AND INCREASE REIMBURSEMENT RATES

WHEREAS, the Secretary of the Department of Veterans Affairs (VA) is authorized under section 111 (g)(1), title 38, United States Code, to reimburse transportation expenses for certain service-connected veterans for VA-authorized examination, medical treatment or care; and

WHEREAS, Public Law 110–387 required the VA to permanently reduce to \$3.00 the applicable deductible, but service-connected disabled veterans are still subject to the deduction from the amount otherwise payable for each one-way trip unless the Secretary determines in an individual case that such deductible would cause severe financial hardship; and

WHEREAS, veterans currently receive a flat rate of 41.5 cents per mile for all transportation effective November 17, 2008; and

WHEREAS, service-connected disabled veterans eligible for beneficiary transportation reimbursements should not be required to help defray the cost of travel, in the form of a deductible, to and from a VA medical facility for medical examination or health care treatment; and

WHEREAS, it is grossly unfair for the VA Secretary to impose the deductible upon service-connected disabled veterans seeking treatment for service-connected conditions and service-connected veterans rated 30% or more when traveling in connection with any disability; and

WHEREAS, adequate travel expense reimbursement is directly tied to access to care for many veterans and is not a luxury; and

WHEREAS, the VA, in consultation with the Administrator of General Services, the Secretary of Transportation, the Comptroller of the United States and representatives of veterans service organizations, is required to conduct periodic investigations on the actual cost of travel incurred by veterans traveling to and from VA facilities for covered purposes; and

WHEREAS, after analyzing and adopting the findings of an Internal Revenue Service (IRS) report on operating costs for a privately owned automobile, the General Services Administration (GSA) determined that the per-mile operating costs for the official use of a privately owned vehicle by a federal employee in 2021 is 56 cents per mile; and

WHEREAS, the VA continues to maintain that increasing veterans' beneficiary travel reimbursement rate to a rate more comparable to the GSA-approved rate would result in a reduction of funds available for direct medical care to our nation's veterans; and

WHEREAS, service-connected veterans should not shoulder the burden of receiving either medical care or adequate beneficiary travel payments; and

WHEREAS, when rates do not cover the cost of travel, veterans without resources are likely to delay health care access until their needs may become critical, resulting in higher health care costs and poorer health outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to repeal the Secretary’s authority to impose a deductible for service-connected disabled veterans from the amount payable for beneficiary travel pay for medical examination, treatment or care; AND

BE IT FURTHER RESOLVED that DAV urges the VA to adopt the IRS mileage reimbursement rate to protect against erosion of the value of the benefit due to inflation; AND

BE IT FURTHER RESOLVED that DAV urges the VA to make provision in its budget for the cost of increasing veterans’ beneficiary travel reimbursement rates to a more reasonable amount so that it can make the needed adjustment without the reduction in funds for direct medical care to sick and disabled veterans.

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RESOLUTION NO. 373

**IMPROVE URGENT AND EMERGENCY CARE BENEFIT
FOR SERVICE-CONNECTED VETERANS**

WHEREAS, the Department of Veterans Affairs (VA) aims to provide enrolled veterans a uniform benefits package that emphasizes preventive and primary care and provides a comprehensive health care benefit plan including hospital, outpatient and long-term care; and

WHEREAS, a health care benefits package is incomplete without access to and coverage for urgent and emergent care; and

WHEREAS, the VA MISSION Act (Public Law 115–251) authorizes the VA to furnish veterans urgent care, which is typically lower cost than emergency treatment, and with sufficient access can encourage veterans to receive health care in the appropriate setting; and

WHEREAS, the VA's emergency care statutory authorities, regulations, processes and procedures are complex; inconsistently applied across the Veterans Health Administration; and cause significant confusion for VA staff, veterans and community care providers; and

WHEREAS, the August 2019 VA Office of Inspector General report found a significant number of emergency care claims were inappropriately denied and many rejected claims were inappropriately processed, with some leading to wrongful denials and rejection of claims, and potentially placing undue financial risk on thousands of veterans; and

WHEREAS, such denied claims have transferred the liability of billions of dollars from the VA to veterans, resulting in serious financial challenges; and

WHEREAS, fear of incurring enormous financial liability from denied VA payment or reimbursement for emergency care causes many veterans to avoid or otherwise delay seeking or contacting emergency medical services; and

WHEREAS, Congress over the years enacted legislation to address barriers to emergency care and payment or reimbursement for such care for disabled veterans due to the VA's narrow interpretation of the existing authority for emergency care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to amend title 38, United States Code, to simplify the eligibility for urgent and emergency care paid for by the VA; AND

BE IT FURTHER RESOLVED that DAV urges the VA to provide a more liberal and consistent interpretation of the law governing payment for urgent and emergency care and reimbursement to veterans who have received emergency care at non-VA facilities.

§ § §

RESOLUTION NO. 500

**SUPPORT THE EXPANSION OF STELLATE GANGLION BLOCK RESEARCH
AND IMPLEMENTATION TO TREAT POST-TRAUMATIC STRESS DISORDER**

WHEREAS, every June is designated as National Post-Traumatic Stress Awareness Month to help raise public awareness, reduce the associated stigma and help ensure that those individuals suffering from the invisible wounds of war promptly receive proper treatment; and

WHEREAS, the Department of Veterans Affairs (VA) reports that approximately 20%, 12% and 30% of service members and veterans that served in Operation Iraqi Freedom or Operation Enduring Freedom, the Persian Gulf War and the Vietnam War, respectively, have had post-traumatic stress (PTS) in a given year; and

WHEREAS, both government and nongovernmental organizations have made significant advances in the identification, prevention, diagnosis and treatment of PTS; and

WHEREAS, one of the most promising PTS treatments is Stellate Ganglion Block (SGB), and the VA Long Beach Healthcare System in California and the VA Center for Compassionate Care Innovation (CCI) are leading an effort to offer SGB to a subset of veterans who have not experienced relief from traditional PTS treatments; and

WHEREAS, there is growing evidence that SGB may alleviate certain PTS symptoms such as hyperarousal, exaggerated startle responses and anxiety, and it appears to calm an exaggerated “fight or flight” survival reflex in people living with PTS, which can become triggered by various events that do not warrant it, and veterans who received SGB for other health conditions like nerve pain report positive effects for their PTSD symptoms, including reduced anxiety and hypervigilance; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the entire federal government to accelerate SGB research and that VA advertise SGB in all VA facilities, and that the VA expand the CCI-led clinical demonstration nationwide.

§ § §

RESOLUTION NO. 508

STRENGTHEN AND PROTECT THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM

WHEREAS, this nation's highest obligation is to the men and women who were put in harm's way in its defense and became wounded, injured and ill as a consequence of that service; and

WHEREAS, America's veterans have earned and deserve high-quality, comprehensive and veteran-focused health care designed to meet their unique circumstances and needs; and

WHEREAS, there are over 9 million veterans who have enrolled in the Department of Veterans Affairs (VA) health care system, of whom over 7 million receive some medical services from the VA each year, and millions of service-connected disabled veterans who rely on the VA for all or most of their medical care; and

WHEREAS, the increasing demand for VA health care reflects changes in the veteran patient population, such as the advanced aging of many World War II, Korea and Vietnam veterans in greater need of health care; high veteran satisfaction with the VA's comprehensive and coordinated delivery of health care; and changes in health care practice, such as the increasing use of pharmaceuticals, advances in technology and increasing provision of community care; and

WHEREAS, the VA health care system's primary mission is to provide service-connected veterans timely, high-quality health care that offers a full continuum of services, including but not limited to foundational services such as primary care; mental health care; and specialized care for prostheses, spinal cord injury and disease, blindness, amputees, polytrauma, toxic and environmental exposures, as well as pharmacy, and long-term services and supports in both institutional and non-institutional settings; and

WHEREAS, while funding for the VA to furnish medical care has increased year after year, it has not kept pace with demand from the rising number of veterans using the VA, the growing volume and intensity of health services being used and the increasing reliance on using the VA health care system; and

WHEREAS, the VA and Congress must work together to provide additional resources to maintain sufficient staffing levels, eliminate disparities in treatment, and improve information technology necessary for the care and treatment of injured and ill veterans; and

WHEREAS, the VA must maintain a "critical mass" of capital, human and technical resources to promote effective, high-quality care for veterans, especially those with sophisticated health problems, such as blindness, amputations, spinal cord injury or chronic mental health problems; and

WHEREAS, it is well documented that the VA provides health care that is as good or better than private sector health care, and does so at a lower cost compared to other national health care systems; and

WHEREAS, veterans who use the VA health care system have repeatedly indicated their preference for and satisfaction with the care they receive directly from the VA, notwithstanding existing problems that the VA must overcome, including the lack of timely and convenient access in some locations; and

WHEREAS, independent assessments of the VA health care system have found that the principal cause of access problems was insufficient funding provided to the VA to meet the growing demand for care by veterans; and

WHEREAS, the VA must successfully complete the Asset and Infrastructure Review (AIR) currently underway to implement a long-term strategy to rebuild, modernize, maintain and expand medical facilities; and

WHEREAS, the VA must continue to fully and faithfully implement the VA MISSION Act (Public Law 115–182) to ensure that the VA remains the primary provider and coordinator of care for veterans, while optimizing the use of new community care networks to fill in gaps when and where the VA is unable to delivery timely, convenient care; and

WHEREAS, the VA must realign and expand availability of health care services to meet the diverse needs of future veterans, including women and minority veterans and those who reside in rural and remote regions far from VA facilities; and

WHEREAS, the VA must reform its management by increasing efficiency, transparency and accountability to become more veteran-centric and responsive as an organization; and

WHEREAS, in addition to its first mission of providing care to ill and injured veterans, the VA is also expected to fulfill three other critical health care missions: educating and training health care professionals, conducting medical and prosthetic research, and serving the nation in times of national emergency; and

WHEREAS, VA facilities are affiliated with 168 medical schools for physician education and 40 other health professions represented through affiliation agreements with more than 1,800 colleges and universities and annually train over 69,000 medical students and residents—about 70% of all physicians in the United States—nearly 29,000 nurses and more than 30,000 other health professionals; and

WHEREAS, the VA's biomedical research and development programs have established new treatments and models of care tailored to the needs of disabled veterans, including a vast array of prosthetic, orthotic and other assistive devices, and elevated the standard of medical care for all Americans; and

WHEREAS, the VA has a federal emergency preparedness responsibility to assist the Departments of Homeland Security and Health and Human Services with natural disasters and national emergencies, such as the COVID-19 pandemic, and the VA also serves as a backup for the Department of Defense in times of war; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, believes the nation must continue to honor the service and sacrifices of our nation's ill and injured veterans by strengthening and protecting a modern, high-quality, accessible and accountable VA health care system; AND

BE IT FURTHER RESOLVED that to provide timely and convenient access to enrolled veterans, the VA health care system must remain the primary provider and the coordinator of care, while continuing to optimize the use of community care networks to fill in gaps, particularly in rural and remote areas; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and the Administration to provide timely and sufficient funding to the VA health care system to meet the continuing demand for care by ill and injured veterans in order to fulfill our promises to the men and women who served; AND

BE IT FURTHER RESOLVED that DAV will oppose any recommendation or proposal that could lead to weakening, diminishing or dismantling of the VA health care system that millions of veterans have chosen and rely upon or that would weaken VA research or medical education programs.

§ § §

RESOLUTION NO. 519

**CONDUCT WELL-DESIGNED STUDIES TO DETERMINE EFFECTIVENESS
OF HYPERBARIC OXYGEN THERAPY ON TREATMENT-RESISTENT TRAUMATIC
BRAIN INJURIES AND POST-TRAUMATIC STRESS DISORDER**

WHEREAS, thousands of veterans have received treatment from the Department of Veterans Affairs (VA) for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), or both, which are often related to their military service, but have not experienced significant or sustained improvements in health; and

WHEREAS, the Federal Drug Administration (FDA) has cleared Hyperbaric Oxygen Therapy (HBOT) as a combination treatment of increased oxygen (hyperoxia) at increased hydrostatic pressure for several types of injury indications, such as wound healing, necrotizing infections, burns, radiation injury and carbon monoxide poisoning, and its use for treating these conditions does not appear to have significant side effects for most populations; and

WHEREAS, in case studies of TBI and/or PTSD populations, HBOT, has statistically significantly improved cerebral blood flow and mean scores on post-concussion symptoms (PCS), PTSD, depression and anxiety symptom checklists, as well as cognitive functioning and quality of life, but these physiological changes have not necessarily been associated with clinically significant improvements in symptoms; and

WHEREAS, in 2018, the VA published its *Evidence Brief: Hyperbaric Oxygen Therapy (HBOT) for Traumatic Brain Injury and/or Post-traumatic Stress Disorder*, which reviewed available high-quality studies (Randomized Controlled Trials or RCT) in response to veterans' and other stakeholders' anecdotal reports of improvements in functionality and quality of life; and

WHEREAS, the VA's analysis found that there were no high-quality studies available on the effect of HBOT on PTSD, and those available for TBI showed inconclusive benefits; and

WHEREAS, they also found evidence of increased risk for veterans with moderate to severe TBI who used HBOT to experience pulmonary complications; and

WHEREAS, the inconsistent evidence of effectiveness and lack of significant red flags for adverse health effects have led some to call for further evidence development on the off-label use of HBOT for TBI and/or PTSD for veterans in whom standard treatments have not been successful; and

WHEREAS, there is a significant need for innovative treatments for many veterans with treatment-resistant TBI and PTSD who have also expressed the desire for mental health and symptom relief that does not require the use of controlled substances that can lead to overuse and addiction; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to conduct randomized controlled trials to determine the effectiveness of HBOT for veterans with treatment-resistant PTSD and TBI; AND

BE IT FURTHER RESOLVED that should the VA determine that HBOT is effective, it should determine appropriate means of making this therapy accessible to appropriate veterans.

§ § §

Employment, Education and Training

RESOLUTION NO. 038

**PROVIDE EDUCATIONAL BENEFITS FOR DEPENDENTS OF
SERVICE-CONNECTED VETERANS RATED 80% OR MORE DISABLED**

WHEREAS, chapter 35, title 38, United States Code, extends educational assistance to the dependents of service-connected veterans who are evaluated as permanently and totally disabled; and

WHEREAS, many service-connected veterans rated 80% and 90% disabled have reduced earning ability and cannot afford to assist dependents with the cost of attending higher learning or pursuing vocational training; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks the enactment of legislation which would extend educational assistance under chapter 35, title 38, United States Code, to the dependents of veterans who have service-connected disability ratings of 80% or more.

§ § §

RESOLUTION NO. 123

SUPPORT VETERANS' PREFERENCE IN PUBLIC EMPLOYMENT

WHEREAS, DAV strongly supports federal, state and local veterans' preference laws; and

WHEREAS, section 2108, title 5, United States Code, defines veterans who are to receive preference in hiring; those with military service in periods of conflict receive a five-point preference in federal hiring, and service-disabled veterans receive a 10-point preference; and

WHEREAS, numerous special hiring authorities exist in federal law for veterans and service-disabled veterans, including the veterans recruitment appointment authority, Veterans Employment Opportunities Act of 1998 hiring authority and the 30% or more disabled veterans hiring authority; and

WHEREAS, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, requires most federal contractors to have an "Affirmative Action" plan for employment of service-disabled veterans, veterans who served during periods of conflict and recently separated veterans; and

WHEREAS, the Uniformed Services Employment and Reemployment Rights Act was enacted to protect veterans from job discrimination and ensure their right to reemployment after an absence due to service in the uniformed services, to include protection for seniority, health insurance and retirement benefits; and

WHEREAS, federal agencies generally have not taken a proactive position on identifying patterns and practices of veterans' preference employment discrimination violations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports veterans' preference in federal, state and local employment; greater enforcement provisions; and increased accountability for veterans hiring compliance; AND

BE IT FURTHER RESOLVED that DAV supports appropriate enforcement against systemic veterans' preference discrimination, broader utilization of veterans and service-disabled veterans hiring preference, and substantive improvement of recruitment and hiring of veterans generally and service-disabled veterans specifically.

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RESOLUTION NO. 124

**ELIMINATE THE DELIMITING DATE FOR ELIGIBLE SPOUSES
AND SURVIVING SPOUSES FOR BENEFITS PROVIDED UNDER
CHAPTER 35, TITLE 38, UNITED STATES CODE**

WHEREAS, dependents and survivors eligible for Department of Veterans Affairs (VA) education benefits under chapter 35, title 38, United States Code, have 10 years in which to apply for and complete programs of education; and

WHEREAS, this 10-year period begins either from the date a veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or 10 years from the date of such veteran's death due to service-connected disability; and

WHEREAS, in many instances, because of family obligations or the need to provide care to the veteran, spouses and surviving spouses may not have had an opportunity to apply for these benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks the enactment of legislation to eliminate the delimiting date for spouses and surviving spouses for purposes of benefits provided under chapter 35, title 38, United States Code.

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RESOLUTION NO. 125

SUPPORT LICENSURE AND CERTIFICATION OF ACTIVE-DUTY SERVICE PERSONNEL

WHEREAS, the Department of Defense (DOD) establishes, measures and evaluates performance standards for every occupation within the armed forces, providing some of the best vocational training in the nation to its military personnel; and

WHEREAS, that training is not recognized as fulfilling the certification and licensure requirements of applicable civilian equivalent occupations by all of the states; and

WHEREAS, many former military personnel, certified as proficient in their military occupational specialty are not certified or licensed to perform a comparable job in the civilian workforce once they leave the military; and

WHEREAS, many occupational career fields in the armed forces could translate to civilian occupations if the DOD, in collaboration with states, unions and certifying/licensing entities, would expand its training curriculum to meet the various certification and licensure requirements of applicable civilian equivalent occupations, or forge some other path to do so; and

WHEREAS, once the DOD expands its training approaches to meet the requirements of civilian equivalent career paths, service members could take certification or licensure equivalency examinations to gain journeyman status on par with the military occupation level of proficiency for the state in which they plan to reside; and

WHEREAS, the state in which the military service member plans to reside could then confer the appropriate journeyman equivalent status; and

WHEREAS, as military service members continue to serve, additional training or education could be counted as continuing training or education credits, thereby allowing them to retain certification and/or licensure status; and

WHEREAS, Public Law 112-56, the VOW to Hire Heroes Act, mandates the Department of Labor's (DOL's) Assistant Secretary for Veterans' Employment and Training to carry out a demonstration project on credentialing to facilitate the seamless transition of members of the armed forces to civilian employment by selecting up to five military occupational specialties with a skill or set of skills that are required for civilian employment in industries with high career demand; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, supports the elimination of employment barriers that impede the transfer of military occupations to the civilian labor market; AND

BE IT FURTHER RESOLVED that DAV urges Congress to engage in a national dialogue, working closely with the Administration generally, and the DOD, Department of Veterans Affairs and DOL specifically, as well as state governments, employers, trade unions, and licensure and credentialing entities, to establish a clear process so that military training meets civilian certification and licensure requirements for the states in which veterans choose to live once they leave military service.

§ § §

RESOLUTION NO. 126

SUPPORT OUTREACH TO AND EMPLOYMENT OF WOMEN VETERANS

WHEREAS, many women who have served in the military are not aware of services available to them through state employment security agencies/state workforce agencies and therefore are less likely to obtain employment and training assistance than their male counterparts; and

WHEREAS, over the past decade, a significant increase has occurred in the number of women veterans in need of employment and training services; and

WHEREAS, because of the reduction in federal programs and the reduction of jobs in the private sector, the number of unemployed women veterans continues to increase; and

WHEREAS, workforce trends indicate only job-ready and highly skilled women veterans are able to find career employment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to enact legislation to establish and fund special programs and outreach to women veterans, especially service-disabled women veterans, in need of employment assistance from the nation’s basic labor exchange system and training assistance through programs operated under the Workforce Innovation and Opportunity Act; AND

BE IT FURTHER RESOLVED that DAV calls for additional training to be provided to service providers to address the delivery of services to, and the underrepresentation of, women veterans in career employment.

§ § §

RESOLUTION NO. 127

ELIMINATE THE 12-YEAR RULE TO REQUEST DEPARTMENT OF VETERANS AFFAIRS VETERAN READINESS AND EMPLOYMENT BENEFITS UNDER CHAPTER 31, FOR ALL VETERANS, LEAVING THE DATE TO APPLY FOR THAT BENEFIT OPEN-ENDED

WHEREAS, not all disabled veterans are aware of their possible entitlements to Department of Veterans Affairs (VA) Veteran Readiness and Employment (VR&E) programs at the time they are awarded service connection for disabilities; and

WHEREAS, not all awards of service connection are rated high enough to enable veterans to be awarded chapter 31 benefits; and

WHEREAS, not all disabled veterans believe that they need vocational rehabilitation until later, often after the current 12-year rule excludes them from the benefit they need and would otherwise have been entitled to; and

WHEREAS, the VA puts no time limit on when a veteran may claim his or her disability, and the VA also does not put a time limit on requesting another service-connected benefit; and

WHEREAS, Public Law 116–315 removed this period of eligibility, but only for veterans who were discharged after January 1, 2013; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks legislation to eliminate the 12-year limitation to apply for VR&E benefits for all veterans, leaving a veteran's date of entitlement open-ended without time limit.

§ § §

RESOLUTION NO. 128

**MONITOR ACTIVITIES OF THE MANDATORY TRANSITION
GOALS, PLANS, SUCCESS PROGRAM**

WHEREAS, current law authorizes comprehensive transition assistance benefits and services for separating service members and their spouses and requires that the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP), now known as the Transition Goals, Plans, Success (GPS) program, be established and maintained; and

WHEREAS, the transition from military service to civilian life is very difficult for many veterans who must overcome obstacles to successful employment; and

WHEREAS, the transition program was created to help our separating service members successfully transition to the civilian workforce, start a business, or pursue training or higher education and is now mandatory for active-duty personnel, except under certain circumstances as specified in Public Law 112-56, the VOW to Hire Heroes Act; and

WHEREAS, participation by DAV and other veterans service organizations in the Transition GPS program is essential to service members to gain a full understanding of entitlements and free assistance and representation available upon discharge from military service; and

WHEREAS, the Transition GPS program expands the previous TAP and DTAP workshops from five to seven days (or longer in some instances) to strengthen, standardize and expand counseling and guidance for service members as they are separating from military service while transforming the military's approach to education, training and credentialing for service members; and

WHEREAS, the Transition GPS program and its component TAP and DTAP workshops are essential to easing some of the problems associated with transition, as is periodic review of training methodology and the collection and analysis of course participant critiques to ensure the program is fulfilling its intended objective, as mandated in Public Law 112-56; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, urges Congress to monitor the review of the Transition GPS program, its workshops, training methodology and delivery of services, and the collection and analysis of course critiques; to ensure the inclusion of DAV and other veterans service organizations in workshops, in order to confirm the program is meeting its objectives; and to follow up with participants to determine if they found gainful employment following such training.

§ § §

RESOLUTION NO. 143

**REMOVE REQUIREMENT THAT DEPARTMENT OF VETERANS AFFAIRS
COMPENSATION TO SERVICE-CONNECTED VETERANS IS COUNTED AS
INCOME FOR PURPOSES OF FEDERAL FINANCIAL AID DETERMINATIONS**

WHEREAS, Department of Veterans Affairs (VA) monthly disability compensation is a tax-free benefit awarded to ill and injured veterans and is not considered income under the Internal Revenue Code; and

WHEREAS, the Free Application for Federal Student Aid (FAFSA) requires dependents of service-connected disabled veterans in receipt of VA disability compensation to disclose their parents' compensation as income under penalty of perjury; and

WHEREAS, this requirement is contrary to the intent of the VA disability compensation award and contrary to tax law; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to counter this arbitrary and capricious victimization of ill and injured veterans and their dependents, which can render the dependent child of a service-disabled veteran ineligible for federal student aid; AND

BE IT FURTHER RESOLVED that this requirement is unjust to service-disabled veterans and their dependents.

§ § §

RESOLUTION NO. 172

**SUPPORT PROMPT PAYMENT OF CONTRACTS TO
SERVICE-DISABLED VETERAN-OWNED BUSINESSES**

WHEREAS, the program of contracts for Service-Disabled Veteran-Owned Small Businesses (SDVOSB) on a preferential basis should be of a great assistance to SDVOSBs that hire disabled veterans; and

WHEREAS, we are aware of problems involving the nonpayment of contracts; and

WHEREAS, when these SDVOSBs complain about reduced payments, they face the threat of rejection from future contracts and/or the threat of being put out of business; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks and strongly supports the immediate payment of all completed SDVOSB contracts that are unpaid for more than one year, the expeditious payment of all unpaid completed SDVOSB contracts and an investigation of the inappropriate tactics used against our comrades by an independent prosecutor.

§ § §

RESOLUTION NO. 173

SUPPORT LEGISLATION ENHANCING GOVERNMENT-WIDE GOALS FOR PARTICIPATION BY SMALL BUSINESSES OWNED AND CONTROLLED BY SERVICE-DISABLED VETERANS

WHEREAS, section 502, Public Law 106–50, the Veterans Entrepreneurship and Small Business Development Act of 1999, codified “the Government-wide goal for participation by small business concerns owned and controlled by service-disabled veterans shall be established at not less than 3 percent of the total value of all prime contract and subcontract awards for each fiscal year”; and

WHEREAS, the Department of Veterans Affairs (VA) Office of Small and Disadvantaged Business Utilization has the Center for Veterans Enterprise, which maintains the VA’s database of Veteran-Owned Small Businesses (VOSB) and Service-Disabled Veteran-Owned Small Businesses (SDVOSB), as well as serving as an advocate for VOSBs, SDVOSBs, historically underutilized business (HUB) zone businesses and women-owned small businesses; and

WHEREAS, the database va.gov/osdbu Vendor Information Pages (VIP) lists businesses that are 51% or more owned by veterans and is the only one within the federal government; and

WHEREAS, the VIP was originally established to act as a single-source database of certified VOSBs and SDVOSBs to supply all federal agencies and prime contractors information to assist the federal government with achieving the not less than 3% goal of set-aside contracts for SDVOSBs and/or contracts being awarded to SDVOSB or VOSB concerns, as mandated in Public Law 106–50; and

WHEREAS, while section 8127 (f)(4), Public Law 109–461, requires verification of veterans’ ownership of listed SDVOSBs and VOSBs, as well as verification of the service-disabled status of SDVOSBs, the federal agencies tasked with ensuring set-asides and timely, comprehensive verification have failed to do so; and

WHEREAS, according to the VA Office of Inspector General report, “Audit of Veteran-Owned and Service Disabled-Owned Small Business Programs,” Report Number 10-02436-234, dated July 25, 2011, 32 of 42 statistically selected businesses that were reviewed—76%—were either ineligible to participate in the programs or were ineligible for the awarded contracts; and

WHEREAS, few government agencies have met, much less exceeded, the set-aside program goal for disabled veteran-owned businesses; and

WHEREAS, based on section 1347, Public Law 111–240, the Small Business Jobs Act of 2010, SDVOSBs, HUB zone businesses, women-owned small businesses and small businesses now have the same meaning, thus providing parity to each of these businesses when competing for contracts; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, calls on all government agencies to meet the set-aside goal of not less than 3% of the total value of all prime and subcontract awards to businesses controlled by service-disabled veterans each fiscal year; AND

BE IT FURTHER RESOLVED that Congress should enact legislation requiring the federal government make set-asides mandatory rather than goals and should require underperforming federal agencies to make up shortfalls in achieving these goals in the subsequent fiscal year; AND

BE IT FURTHER RESOLVED that Congress should revise the enforcement penalties for misrepresentation of a business concern as a VOSB or SDVOSB from a reasonable period of time as determined by the Secretary to a period of not less than five years; AND

BE IT FURTHER RESOLVED that Congress must ensure adequate resources are available to the Office of Small and Disadvantaged Business Utilization to expedite verification of VIP business listing eligibility and all federal agencies to effectively monitor and hold accountable those agencies that are not meeting the set-aside goal of not less than 3%, and require all federal agencies to list in their annual reports their prior fiscal year's actual percentage of meeting this goal, the results of which would serve as an annual report card of which agencies need the most assistance in the development and implementation of stronger contracting compliance.

§ § §

RESOLUTION NO. 174

SUPPORT LEGISLATION TO IMPROVE AND PROTECT EDUCATION AND EMPLOYMENT BENEFITS FOR DISABLED VETERANS AND THEIR SURVIVORS

WHEREAS, the Department of Veterans Affairs' (VA's) Veteran Readiness and Employment (VR&E) (Chapter 31) and Survivors' and Dependents' Educational Assistance (Chapter 35) have been integral to improving the economic outlook for both service-disabled veterans and their survivors; and

WHEREAS, despite improvements in the overall veteran unemployment rate, service-disabled veterans still have a higher rate of unemployment than their civilian counterparts; and

WHEREAS, programs, such as VetSuccess on Campus, that could be used to reach more rural locations, could be expanded and strengthened; and

WHEREAS, both Chapter 35 and the VA's VR&E benefits should be strengthened and protected from budget cuts and fraud, waste and abuse; and

WHEREAS, survivors and dependents of severely disabled veterans should see their benefits under Chapter 35 strengthened and increased so as not to cause a financial burden if they choose to attend school; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation that would improve and protect the VA's education and employment benefits for service-disabled veterans and their survivors.

§ § §

RESOLUTION NO. 175

SUPPORT LEGISLATION TO REIMBURSE, REPLACE AND EXTEND EDUCATION AND VOCATIONAL BENEFITS FOR DISABLED VETERANS AND THEIR SURVIVORS FOR EDUCATION/TRAINING IMPACTED BY COVID-19

WHEREAS, all educational and vocational programs administered by the Department of Veterans Affairs (VA) have an established number of months of potential eligibility; and

WHEREAS, the underlying premise for the educational and vocational programs is to enable veterans and/or their dependents to obtain college/university/trade school-based education; and

WHEREAS, during the COVID-19 pandemic, most schools/colleges/universities shut down in-person sessions, to include both class and counseling; and

WHEREAS, this disruption impacted the quality of education obtained during that period, and the schools/students continue to face difficulties in adjusting to changes imposed by lockdowns and the ongoing pandemic; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, proposes, seeks and strongly supports Congress directing the VA to not count the semesters/quarters of school that were interrupted, beginning in March 2020 due to COVID-19 restrictions, against the overall number of months of eligibility for any veteran/dependent who was in receipt of benefits from any VA education or vocational program at the time, and continuing until such a time as Congress determines that stability to the educational process has returned; AND

BE IT FURTHER RESOLVED that DAV supports legislation to ensure that any delimiting date, whether through time frame of eligibility or, in the case of dependent children, the attainment of age, be extended for one full semester/quarter for each semester/quarter impacted by the COVID-19 disruptions to fully mitigate the impact of the COVID-19 closures that began in March 2020.

§ § §

RESOLUTION NO. 265

**PROVIDE ADEQUATE FUNDING AND PERMANENT AUTHORITY
FOR VETERANS EMPLOYMENT AND/OR TRAINING PROGRAMS**

WHEREAS, the extended economic downturn has had a greater impact on veterans generally and service-disabled veterans specifically than many other groups; and

WHEREAS, there are numerous veterans employment and training programs reaching out to provide critical assistance, but these programs are in need of adequate staffing and funding; and

WHEREAS, these programs include the Veterans' Employment and Training Service of the Department of Labor, National Veterans Training Institute of the Small Business Administration, Disabled Veterans' Outreach Program, Local Veterans Employment Representative program, homeless assistance programs and others; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks and supports adequate funding and permanent authority for all veterans employment and training programs.

§ § §

RESOLUTION NO. 267

**SUPPORT EXTENSION OF A PERIOD OF EMPLOYMENT SERVICES UNDER
THE VETERAN READINESS AND EMPLOYMENT PROGRAM**

WHEREAS, section 3105, title 38, United States Code, states the period of a Veteran Readiness and Employment (VR&E) program for a veteran may not exceed 48 months; and

WHEREAS, section 3105, title 38, United States Code, allows veterans counseling and placement and post-placement services for an additional period not to exceed 18 months in any case in which the Secretary determines the provision of such counseling and services to be necessary to accomplish the purposes of a rehabilitation program in the individual case; and

WHEREAS, veterans with service-connected disabilities face employment barriers even after rehabilitation or achievement of vocational goals; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks to ensure that service-connected veterans receive the services necessary to obtain and maintain suitable employment and supports an extension up to 24 months for counseling and placement and post-placement services.

§ § §

RESOLUTION NO. 269

**SUPPORT LEGISLATION TO CREATE A WORK PROJECTS PROGRAM THAT
GUARANTEES FEDERAL EMPLOYMENT TO SERVICE-DISABLED VETERANS**

WHEREAS, the federal government set a precedent with the creation of the Works Progress Administration (WPA), later renamed the Work Projects Administration (WPA), to complete major public works projects before World War II; and

WHEREAS, the WPA was highly successful in completing major public works projects; and

WHEREAS, general government infrastructure nationwide lacks sufficient funding to maintain the adequate safety of infrastructure such as public roads, bridges, water supplies and the like; and

WHEREAS, the nation's veterans have proved themselves as dedicated, highly trained and capable workers that bring leadership and maturity to the workforce; and

WHEREAS, such a program has the potential to significantly reduce veteran homelessness caused by high unemployment rates and demonstrate the gratitude of the people served by our veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, strongly supports legislation to require the United States Congress to create and fund, without reduction to Department of Veterans Affairs or Department of Defense funding, a jobs program similar to the WPA, which guarantees federal employment to service-disabled veterans being discharged from military service under other than dishonorable conditions.

§ § §

RESOLUTION NO. 270

**SUPPORT LEGISLATION TO EXTEND THE DURATION OF VETERAN
READINESS AND EMPLOYMENT BENEFITS BEYOND 48 MONTHS**

WHEREAS, veterans that have a service-connected condition rated by the Department of Veterans Affairs (VA) and are considered to have an employment handicap are eligible for Veteran Readiness and Employment (VR&E) services through the VA; and

WHEREAS, disabled veterans are eligible for VR&E for a duration not to exceed 48 months (or its equivalent when pursued on a part-time basis); and

WHEREAS, many veterans do not have any college prior to entering the VR&E program and require basic entry-level courses to start college; and

WHEREAS, VR&E released its Longitudinal Study Annual Report for fiscal year 2016, in which it states that the average college degree takes up to five years to complete; and

WHEREAS, it would be more equitable if the laws and regulations were changed so that veterans were eligible for VR&E benefits beyond 48 months, extending them to a minimum of 60 months, to ensure that they can complete their program without additional financial burden; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation that would allow VR&E benefits to be extended, to a minimum of 60 months, for eligible veterans, to ensure that they can complete their program without additional financial burden.

§ § §

RESOLUTION NO. 272

SUPPORT THE ADOPTION OF PROGRAMS AND LEGISLATION TO REDUCE BARRIERS TO EMPLOYMENT, EDUCATION, AND FULL USE AND ACCESS TO OTHER BENEFITS EARNED THROUGH SERVICE IN THE UNITED STATES MILITARY

WHEREAS, DAV is dedicated to empowering veterans to lead high-quality lives with respect and dignity; and

WHEREAS, a primary focus for DAV is to provide free, professional assistance to service-disabled veterans and their families in obtaining benefits and services earned through military service; and

WHEREAS, furthering their education and seeking gainful employment to support themselves and their families becomes a veteran's immediate and continued focus upon leaving service; and

WHEREAS, upon separation from service, veterans do not always fully understand the scope and breadth of their earned benefits, how to access those benefits, and often do not understand or realize the barriers that impede or infringe on those benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the adoption of programs and legislation to identify, reduce and remove barriers to a service-disabled veteran's employment, continued education, and full access and use of other benefits earned as a result of their service-connected disability.

§ § §

RESOLUTION NO. 305

PROTECT VETERANS FROM EMPLOYMENT DISCRIMINATION WHEN RECEIVING HEALTH CARE FOR SERVICE-CONNECTED CONDITIONS

WHEREAS, the Family and Medical Leave Act (FMLA) requires certain employers to allow employees to take reasonable unpaid leave for qualified medical and family reasons; and

WHEREAS, the National Defense Authorization Acts for fiscal years 2008 and 2010 amended the FMLA to include “qualifying exigency leave” and “military caregiver leave” to better balance the unique needs of employees with family members in the military and family members who became ill and injured while serving in the military; and

WHEREAS, the FMLA delays service-connected disabled veterans’ eligibility to job-protected medical leave; and

WHEREAS, many service-disabled veterans with the ability to work need ongoing care to maintain their health status and retain their employability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges Congress to extend protection under the FMLA to encompass the medical care needs of veterans with service-connected disabilities.

§ § §

RESOLUTION NO. 435

SUPPORT ADEQUATE STAFFING LEVELS OF THE DEPARTMENT OF VETERANS AFFAIRS VETERAN READINESS AND EMPLOYMENT SERVICE

WHEREAS, the Department of Veterans Affairs (VA) Veteran Readiness and Employment (VR&E) service is charged with preparing service-disabled veterans for suitable employment or providing independent-living services to those veterans with disabilities severe enough to render them unemployable; and

WHEREAS, transition of service-disabled veterans to meaningful employment relies heavily on the VA's ability to provide vocational rehabilitation and employment services in a timely and effective manner, but the demands and expectations being placed on the VR&E service are exceeding the organization's current capacity to effectively deliver a full continuum of comprehensive programs; and

WHEREAS, the VR&E service has been experiencing a shortage of staff nationwide because of insufficient funding, which, as a result, has caused delays in providing VR&E services to service-disabled veterans, thus reducing their opportunities to achieve successful and timely rehabilitation; and

WHEREAS, to increase emphasis on employment, the VR&E service has begun an initiative entitled "Coming Home to Work," an early outreach effort to provide VR&E services to eligible service members pending medical separation from active duty at military treatment facilities, which will require additional staff to maintain efforts nationwide; and

WHEREAS, even though the focus of the VR&E service has drastically changed to career development and employment, it is not clear, despite the VR&E's additional 80 employment coordinators, whether the VA is able to meet the current and future demand for employment services; and

WHEREAS, in addition, the current 60 days of employment as the standard for a veteran to be considered fully employed is insufficient given that employers typically require longer probationary employment time frames; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports strengthening of the VA's VR&E service to meet the demands of service-disabled veterans by providing increased staffing and funding, a more timely and effective transition into the workforce, and placement follow-up with employers for at least six months.

§ § §

RESOLUTION NO. 436

SUPPORT LEGISLATION TO PROVIDE A REASONABLE TRANSITION PERIOD FOR SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES TO RETAIN FEDERAL PROTECTED STATUS FOLLOWING THE DEATH OF THE DISABLED VETERAN OWNER

WHEREAS, section 308, Public Law 108–183, the Veterans Benefits Act of 2003, established a procurement program for Service-Disabled Veteran-Owned Small Businesses (SDVOSB); and

WHEREAS, Executive Order 13360, Contracting with Service-Disabled Veterans' Businesses, directs all federal agencies to provide opportunities for SDVOSBs to increase their federal contracting and subcontracting opportunities; and

WHEREAS, Public Law 109–461, the Veterans Benefits, Health Care and Information Technology Act of 2006, established a Veterans First Contracting Program specifically for the Department of Veterans Affairs (VA) to increase business opportunities with the VA for SDVOSBs; and

WHEREAS, SDVOSBs and other small businesses are the focus of Public Law 111–240, the Small Business Jobs Act of 2010, which provides enhanced opportunities for SDVOSBs to compete for federal projects and subcontracting opportunities; and

WHEREAS, the SDVOSB category has encouraged many service-disabled veterans to take the personal risk of establishing small businesses with the support of their families; their own personal financial resources; the VA; and, in some cases, commercial institutions; and

WHEREAS, these SDVOSBs have created new job opportunities for American citizens and, in many cases, have hired other service-disabled veterans and veterans during very challenging economic times; and

WHEREAS, in enacting Public Law 111–240, the federal government acknowledges that it is essential to create and grow small businesses in order to create new jobs and help the country recover from a most severe recession and provide for future job growth; and

WHEREAS, the SDVOSB category requires the service-disabled veteran to own at least 51% of the stock in the business and remain active in the day-to-day operations of the business in order for the business to maintain its SDVOSB status; and

WHEREAS, the enabling legislation for the SDVOSB program does not currently include a provision dealing with the treatment of the business after the death of the veteran owner; and

WHEREAS, since loss of the company's SDVOSB status would put the service-disabled veteran's investment, family heirs and employees at severe risk due to either downsizing or closing the business due to loss of federal procurement opportunities; and

WHEREAS, section 8127 (h)(2)(C), Public Law 109–461 (applicable only to VA), allows for a 10-year transition period to the surviving spouse of a 100% service-disabled veteran owner of a SDVOSB or a veteran owner who dies as a result of a service-connected disability; and

WHEREAS, allowing the surviving spouses or heirs of service-disabled veterans to gain a reasonable transition period for the SDVOSB program would help to maintain the jobs created by the SDVOSB for service-disabled veterans, veterans and other employees and will not put these individuals at increased financial risk and hardship due to likely job loss or downsizing of the business; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to provide a reasonable transition period for all SDVOSBs, not covered by Public Law 109–461, to retain their SDVOSB status with the federal government following the death of the service-disabled veteran owner via a surviving spouse, children or heirs, thus allowing the business to restructure over time without necessarily downsizing, laying off workers or closing.

§ § §

RESOLUTION NO. 437

**CREATE AN ECONOMIC OPPORTUNITY ADMINISTRATION
WITHIN THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, veterans programs have become more complex over the years; the fragmented nature of these programs has resulted in a decreased ability of senior management to monitor the delivery of each veterans' employment, education and training program; and

WHEREAS, when the Department of Veterans Affairs (VA) was created, the initial reason for doing so was to avoid duplication, fragmentation or delay in the various services provided to veterans; and

WHEREAS, anticipating veterans' long-term needs, not only for health care and disability compensation but also for education and employment, requires a new approach; and

WHEREAS, establishing a fourth administration within the VA dedicated to creating economic opportunities for veterans would increase the visibility and accountability of all veterans education and employment-related programs; and

WHEREAS, despite a steadily increasing workload due to more veterans becoming eligible as the compensation backlog is reduced, programs such as Veteran Readiness and Employment have seen a stagnation of budget requests and even reductions; and

WHEREAS, this new centralized veterans economic opportunity administration should be administered through a new position of Under Secretary for said organization; and

WHEREAS, such a move would allow the Under Secretary for Benefits to focus specifically on the delivery of disability compensation and pension benefits to disabled veterans, their dependents and survivors; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, recommends that Congress separate from the Veterans Benefits Administration all programs related to economic opportunity and create a new administration and that it should be appropriately funded and administered by an Under Secretary for Economic Opportunity.

§ § §

RESOLUTION NO. 438

**SUPPORT FRAUD PREVENTION CONTROLS OVER SERVICE-DISABLED
VETERAN-OWNED SMALL BUSINESS PROGRAM**

WHEREAS, the Service-Disabled Veteran-Owned Small Business Program (SDVOSB), designed to steer \$4 billion in government contracts to businesses owned by service-disabled veterans, has allowed over \$90 million to be fraudulently awarded to ineligible companies; and

WHEREAS, the Small Business Administration failed to properly check applicants before awarding contracts and failed to take action on service-disabled veterans' complaints of abuse; and

WHEREAS, testimony presented by the United States Government Accountability Office identified millions of dollars of SDVOSB contracts awarded to ineligible firms; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks and strongly supports creating effective resources to investigate, prevent and monitor the SDVOSB program and to ensure that fraud is aggressively prosecuted or companies having committed fraud are suspended, debarred or otherwise held accountable.

§ § §

RESOLUTION NO. 439

**SUPPORT VERIFICATION IMPROVEMENTS FOR VETERAN-OWNED
BUSINESSES WITHIN THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, the military is downsizing, and thousands of former military personnel who have honorably served their country could become unemployed when they leave the military; and

WHEREAS, small business development assistance to veterans who have honorably served this country is a veterans benefit that dates back to the Servicemen's Readjustment Act of 1944; and

WHEREAS, the Department of Veterans Affairs (VA) is authorized under the Veterans First Program to enter into contracts first with Service-Disabled Veteran-Owned Small Businesses (SDVOSB) and then with Veteran-Owned Small Businesses (VOSB); and

WHEREAS, Congress has found that the VA has entered into contracts pursuant to the Veterans First Program with companies that were not legitimate SDVOSBs or VOSBs; and

WHEREAS, the VA has implemented a formal verification process that is overly burdensome; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, recommends the VA simplify its verification process for SDVOSBs and VOSBs interested in participating in the VA's Veterans First Contracting Program.

§ § §

RESOLUTION NO. 441

**OPPOSE USING DISABLED VETERANS OUTREACH PROGRAM SPECIALISTS
AND LOCAL VETERANS EMPLOYMENT REPRESENTATIVES TO WORK WITH
OR PROCESS ASSISTANCE PROGRAMS UNRELATED TO VETERANS**

WHEREAS, the United States Department of Labor's Veterans Employment and Training Service administers programs to assist veterans with their employment and training needs; and

WHEREAS, Disabled Veterans Outreach Program (DVOP) Specialists provide intensive services to disabled veterans and veterans with barriers to employment in finding work, and Local Veterans Employment Representatives (LVER) work with nondisabled veterans, informing them of employment opportunities and outreach to community businesses to locate employment opportunities; and

WHEREAS, pursuant to Public Law 112-56, the VOW to Hire Heroes Act, state employment agencies are now directed to utilize DVOPs and LVERs to work on other public assistance-related programs, which diverts DVOPs/LVERs from their prime mission to assist veterans with their employment and training needs; and

WHEREAS, this same law directs the Secretary of Labor to conduct regular audits to ensure compliance with this provision; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, urges Congress to amend Public Law 112-56 and return the duties of DVOPs and LVERs to concentrate their work to aid veterans.

§ § §

RESOLUTION NO. 442

**ELIMINATE ANNUAL EMPLOYMENT VERIFICATION QUESTIONNAIRE BY
VETERANS IN RECEIPT OF INDIVIDUAL UNEMPLOYABILITY BENEFITS**

WHEREAS, veterans receiving Individual Unemployability (IU) benefits must complete required Department of Veterans Affairs (VA) Form 21-4140-1 (Employment Questionnaire) fully and accurately on an annual basis and return the form to the VA within 60 days of receipt; and

WHEREAS, the veteran is required to turn in VA Form 21-4140-1 annually for up to 20 years; and

WHEREAS, if veterans do not return the form within 60 days of receipt, their benefits are reduced; and

WHEREAS, it would provide a great justice to the disabled veterans of this nation who are currently in receipt of IU to not have the burden of submitting to the VA an income verification on an annual basis; and

WHEREAS, a majority of such veterans are incapacitated in some way; and

WHEREAS, this impedes such veterans from filing paperwork appropriately as they age and their disabilities progress through the years; and

WHEREAS, the VA and the Internal Revenue Service are capable of verifying employment without burdening the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the VA to amend its policy on the annual employment questionnaire so that veterans in receipt of IU benefits are relieved of this burden.

§ § §

RESOLUTION NO. 444

**SUPPORT LEGISLATION TO STRENGTHEN AND PROTECT
SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES**

WHEREAS, the federal government's support of Service-Disabled Veteran-Owned Small Businesses (SDVOSB) contributes significantly to restoring veterans' quality of life while aiding in their transitions from active duty; and

WHEREAS, the federal government sets aside over \$105 billion in annual small business spending, which the SDVOSBs compete for; and

WHEREAS, the Veterans First Program was created under Public Law 109-461 for Veteran-Owned Small Businesses (VOSB) and expanded the Service-Disabled Veteran contracting program for Department of Veterans Affairs (VA) procurements in order for veteran business owners and the government to benefit mutually; and

WHEREAS, the Veterans First Program's purpose is to ensure that legitimately owned and controlled VOSBs and SDVOSBs are able to compete for VA VOSB and SDVOSB set-asides and help stimulate the small business community and create growth for the economy; and

WHEREAS, the success of the SDVOSB programs greatly benefits the service-disabled veteran community; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, supports the enactment of legislation that strengthens and protects SDVOSB programs.

§ § §

General Resolutions

RESOLUTION NO. 039

SUPPORT MEANINGFUL ACCOUNTABILITY MEASURES, BUT WITH DUE PROCESS, FOR EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, in order to ensure that veterans receive the benefits and services they have earned, every Department of Veterans Affairs (VA) employee, manager and leader must faithfully fulfill their duties and responsibilities; and

WHEREAS, when VA employees fail veterans due to poor performance or misconduct, these individuals must be held accountable for such failures; and

WHEREAS, accountability constitutes a range of actions, including remedial training; demotion; suspension; and, when justified, termination; and

WHEREAS, the VA's long-term future must foster an environment in which the best and brightest individuals choose VA employment over other federal or private employers; and

WHEREAS, poor performance and misconduct cannot be tolerated, but all VA employees must be confident that fairness and due process govern selection, promotion, demotion, sanction or termination; and

WHEREAS, without such assurances of fairness and due process in the workplace, talented individuals may not entertain working in or remaining at the VA; and

WHEREAS, pending legislative proposals before Congress would heighten accountability; however, any bill enacted by Congress should include standards by which accountability can be measured while ensuring due process and fairness for VA employees subject to such standards; and

WHEREAS, civil service protections enacted decades ago came about as a consequence of cronyism, politicization and ill treatment of civil servants, including terminations for almost any reason or no reason; and

WHEREAS, ensuring that the civil service remains free of political influence is a principle that must be protected to guarantee that VA employees are never appointed, demoted or terminated for political or personal reasons; and

WHEREAS, sanctions against VA employees based on performance must be made only if measurable performance standards have been clearly communicated but still violated; and

WHEREAS, VA managers must be empowered to use existing policies in a timely manner to sanction employees who fail to meet their documented performance standards; and

WHEREAS, applying sanctions exclusively to VA employees in the wake of a scandal is in contravention of civil service rules that regulate the entire federal workforce; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, insists any legislation changing the existing employment protections in the VA must strike a balance between holding civil servants accountable for their performance while maintaining the VA as an employer of choice for the best and brightest.

§ § §

RESOLUTION NO. 040

SEEK THE IMMEDIATE RELEASE OF ANY AMERICANS WHO MAY STILL BE HELD CAPTIVE FOLLOWING ANY WAR AND THE RETURN AND IDENTIFICATION OF THE REMAINS OF ANY AMERICANS WHO DIED DURING THESE WARS

WHEREAS, the members of DAV are deeply concerned for the thousands of American service members still unaccounted for in the aftermath of wars; and

WHEREAS, numerous efforts by high-level American delegations, including members of Congress, have visited Southeast Asia in continuing efforts to solve the mystery of the whereabouts and fate of our missing in action (MIA) from the Vietnam War; and

WHEREAS, the brave families of the missing continue to live in uncertainty and anguish regarding their sons, husbands and other family members; and

WHEREAS, still today more than 73,000 are unaccounted for from World War II, though some 40,000 are deemed unrecoverable, mostly deep-sea losses; some 7,500 from the Korean War; over 1,600 still missing in Southeast Asia from the Vietnam War; two from the Persian Gulf War; and two from the Afghanistan/Iraq War, who have not been forgotten; and

WHEREAS, though DAV was disappointed with the timing of our government's decision to normalize relations with the government of the Socialist Republic of Vietnam (SRV), prior to having achieved the fullest possible accounting of our prisoners of war (POW) and missing in action from Southeast Asia; and

WHEREAS, DAV believes that the SRV can increase its unilateral efforts to account for Americans still missing in action, especially those who were last known alive in captivity or immediate proximity to capture; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, urges the United States government to ensure this issue be considered as one of America's highest priorities by accelerating efforts to obtain the release of any American who may still be held captive and obtain, to the fullest possible extent, an accounting of those still missing and the repatriation of the remains of those who died while serving our nation; AND

BE IT FURTHER RESOLVED that DAV urges the government of the SRV to increase its unilateral efforts to account for American POW/MIAs, including locating and making available remains of Americans last known alive in captivity that have not previously been returned.

§ § §

RESOLUTION NO. 041

**SUPPORT FOR DEFENSE PRISONER OF WAR/MISSING
IN ACTION ACCOUNTING COMMAND**

WHEREAS, members of DAV have long been deeply committed to achieving the fullest possible accounting for United States personnel still captive, missing and otherwise unaccounted for from all of our nation's wars; and

WHEREAS, personnel and funding for the Defense Prisoner of War/Missing in Action (POW/MIA) Accounting Agency (DPAA) have not been increased at a level commensurate with the expanded requirement to obtain answers on Americans unaccounted for from all of our country's wars and conflicts; and

WHEREAS, it is the responsibility of the United States government to account as fully as possible for America's missing veterans, including—if confirmed deceased—the recovery and identification of their remains when possible; and

WHEREAS, DAV deeply appreciates Vietnam's 2009 proposal to expand the pace and scope of POW/MIA accounting cooperation, including use of United States Navy vessels for underwater operations; and

WHEREAS, the DAV recognizes the contributions to successful investigative efforts made by the Defense Intelligence Agency's Stony Beach Team of specialists; and

WHEREAS, this accounting effort should not be considered complete until all reasonable actions have been taken to achieve the fullest possible accounting; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, remains steadfast in its commitment to the goal of achieving the fullest possible accounting for all United States military and designated civilian personnel missing from our nation's wars; AND

BE IT FURTHER RESOLVED that DAV calls upon our government to support personnel increases and full funding for the efforts of the Defense POW/MIA Accounting Agency and the Armed Forces DNA Identification Laboratory, including specific authorization to augment assigned personnel when additional assets and resources are necessary.

§ § §

RESOLUTION NO. 042

**SUPPORT FORMER PRISONER-OF-WAR SLAVE
LABOR CLAIMS AGAINST JAPANESE FIRMS**

WHEREAS, on May 30, 2009, the government of Japan, through then–Ambassador to the United States Ichiro Fujisaki, offered an official apology to American prisoners of war (POW) for their abuse, misuse, pain and suffering caused by Imperial Japan; and

WHEREAS, in September 2010, the government of Japan reinforced its apology by initiating a visitation program for former POWs to visit Japan, to return to the sites of their imprisonment and to receive the apology directly from senior Japanese government officials; and

WHEREAS, the United States owes much to these soldiers, sailors, Marines and airmen, the majority of whom fought in the early heroic battles of World War II in the Philippines, on Wake Island, Guam, Java and in the Sunda Strait; and

WHEREAS, the American POWs of Imperial Japan were forced into slave labor throughout the Japanese Empire in the most unjust, brutal and inhumane conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports and commends the efforts of the American POWs of Japan to reclaim their dignity and attain full justice from the government of Japan and those Japanese private companies that enslaved them; AND

BE IT FURTHER RESOLVED that DAV insists the government of Japan provide and publicize an official transcript in English and Japanese of the government’s 2009 apology to the American POWs; AND

BE IT FURTHER RESOLVED that DAV insists Congress and the Administration work with all parties involved to ensure the continuation of the POW visitation program to Japan; that it be expanded to include family members and descendants; and funds be provided for a dedicated program of research, documentation, exchange and education; AND

BE IT FURTHER RESOLVED that DAV will work with all parties involved to persuade the private Japanese companies that benefited from POW slave labor during World War II, especially those companies now doing business in the United States, to follow the Japanese government’s lead in acknowledging their use and abuse of American POW labor, and join with the Japanese government to create a fund for remembrance, research, documentation, exchange and education on the POW experience in the Pacific and its lessons for war and peace.

§ § §

RESOLUTION NO. 043

SUPPORT RENEWED PRISONER-OF-WAR/MISSING-IN-ACTION DISCUSSIONS

WHEREAS, DAV has long been and is now deeply committed to accounting as fully as possible for United States personnel previously listed as prisoners, missing and unaccounted for from all of our nation's past wars; and

WHEREAS, DAV recognizes the utility and importance of bilateral discussions, separate from those held on strategic issues, but fully integrated with broader policy and national security priorities in an effort to reach agreement for proceeding on a humanitarian basis with prisoner-of-war/missing-in-action accounting cooperation; and

WHEREAS, DAV also recognizes the lead time required between renewing bilateral discussions to reach humanitarian agreements and restoring and increasing unilateral; bilateral; and, as needed, multilateral field recovery operations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports renewing and expanding direct bilateral humanitarian efforts for the purpose of restoring and improving U.S. agreements and processes with counterpart nations required to account as fully as possible for unreturned American military personnel.

§ § §

RESOLUTION NO. 129

PROVIDE WEEKEND BURIALS AT NATIONAL CEMETERIES

WHEREAS, scheduling a weekend burial at a national cemetery is not current policy; and

WHEREAS, Public Law 114-315 requires the National Cemetery Administration (NCA) to study the feasibility of weekend burials; and

WHEREAS, the NCA operates 135 national cemeteries; and

WHEREAS, available cemetery benefits include a gravesite in any national cemetery with available space, opening and closing of the grave, perpetual care, a government headstone or marker, a burial flag and a Presidential Memorial certificate, at no cost to the family; and

WHEREAS, the NCA works to continuously improve customer satisfaction, meeting the wishes of veterans and their loved ones; and

WHEREAS, providing weekend burial at a national cemetery eases scheduling and lightens the burden on veterans' survivors, many of whom may need to travel great distances to pay their final respects and honor their loved one as he or she is laid to rest; and

WHEREAS, DAV and other veterans service organizations often provide volunteers who conduct military honors at funeral service burials; and

WHEREAS, weekend burial at national cemeteries will allow more volunteers an opportunity to participate in military honor guard at funeral services due to scheduling; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31-August 3, 2021, seeks legislation that would authorize weekend burials for service-connected veterans at cemeteries operated by the NCA.

§ § §

RESOLUTION NO. 130

EXTEND MILITARY COMMISSARY AND EXCHANGE PRIVILEGES AND SPACE-AVAILABLE AIR TRAVEL TO CERTAIN SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, disabled active-duty personnel who were discharged from military service prior to October 1, 1949—the effective date of the Career Compensation Act—are not entitled to disability retirement from the armed forces; and

WHEREAS, many service-connected disabled veterans have been deprived of the various benefits which all other disabled retired military personnel have enjoyed; and

WHEREAS, due to inflation, service-connected disabled veterans receiving Department of Veterans Affairs (VA) compensation as a sole source of income are experiencing difficulties in keeping pace with the increased cost of living; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation that would extend military commissary and exchange privileges, as well as space-available air travel aboard military aircraft, to enlisted personnel who were discharged from active military service prior to October 1, 1949, for a service-incurred injury or disease rated by the VA as 30% or more disabling and who retained at least a 30% evaluation for a period of five years from the date of separation from active duty.

§ § §

RESOLUTION NO. 131

ENCOURAGE ALL DISABLED VETERANS TO BECOME REGISTERED VOTERS AND VOTE

WHEREAS, members of DAV served their country during time of war in order to preserve the rights and privileges of life in this land of the free; and

WHEREAS, one of the most precious of those rights is the right to vote; and

WHEREAS, the United States Congress and the Administration have failed to fulfill their obligation to our nation's disabled veterans, providing inadequate funding for veterans benefits and health care; and

WHEREAS, the United States Congress and the Administration have targeted veterans programs for unwarranted spending cuts and reductions under the mistaken and misguided theory that veterans do not base their votes on veterans' issues; and

WHEREAS, the failure of disabled veterans to register and vote will result in the perpetuation of this theory; and

WHEREAS, because of their disabilities, disabled veterans have more difficulty than their nondisabled peers in complying with some of the stricter requirements in voter registration laws; and

WHEREAS, veterans, their families and all Americans concerned about veterans' issues need to make their voices heard by becoming registered voters and exercising their votes in local, state and federal elections; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, encourages all DAV members to register to vote and thereby strengthen our organization's ability to preserve and improve our system of veterans benefits and services; AND

BE IT FURTHER RESOLVED that all DAV departments and chapters initiate and operate voter registration drives targeted at increasing voter registration among veterans and their families; AND

BE IT FURTHER RESOLVED that all DAV departments, chapters and members are encouraged to ensure that all veterans and their family members are able to access polling places to vote.

§ § §

RESOLUTION NO. 132

SUPPORT THE CONTINUED GROWTH OF VETERANS TREATMENT COURTS FOR JUSTICE-INVOLVED VETERANS

WHEREAS, many military service members and veterans return from today's overseas combat engagements with signature wounds of polytrauma, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and other mental health and repatriation challenges; and veterans from earlier eras have absorbed their own signature disabilities, including PTSD; and

WHEREAS, some veterans resort to overuse of substances in their attempts to cope with their chronic physical and mental health challenges, other barriers and obstacles, and pain; and

WHEREAS, as a consequence of chronic substance-use disorder or lasting residuals of combat exposure, a minority of veterans display antisocial and even criminal behaviors and thus become involved with law enforcement and justice systems; and

WHEREAS, Veterans Treatment Courts evolved from a proven national model of diversionary drug courts and mental health courts to address the specific situations of veterans and to maximize efficiency of available resources while making use of the distinct military culture to which veterans are accustomed; and

WHEREAS, in a 2016 report, the Government Accountability Office found large increases in workloads and heard reports from justice-involved veterans indicating that there is a need to add staff and resources to the Veterans Justice Outreach Program, in addition to improving effectiveness by developing and monitoring goals for its coordinators; and

WHEREAS, many justice-involved veterans are eligible for the financial benefits, social supports and health care services available through the Department of Veterans Affairs (VA) and through other national, state and local veterans programs; and

WHEREAS, grouping troubled veterans together within specific court dockets expedites access to helpful resources and promotes the camaraderie and mutual support found among veterans; and

WHEREAS, veterans in general deeply value their military experiences and share an inimitable bond with their peers, and the veterans courts build upon this bond by enabling veterans to proceed through the treatment court process with people who are similarly situated and by pairing together veterans and mentors; and

WHEREAS, years of experience from the Veterans Treatment Courts now in existence nationwide have produced a statistically significant reduction of recidivism rates in veterans compared to persons in other treatment courts and individuals not involved in any sort of alternative or diversionary court; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the continued growth of the Veterans Treatment Courts throughout our nation and urges adequate support for the increasing resource needs of the VA program in addition to identification of appropriate goals and metrics to determine the programs' effectiveness; AND

BE IT FURTHER RESOLVED that all DAV departments and chapters are encouraged to support additional veterans courts and work with local VA officials and law enforcement to build support for the establishment of these courts; AND

BE IT FURTHER RESOLVED that DAV calls on departments and chapters to work in support of state legislation where necessary to authorize veterans courts.

§ § §

RESOLUTION NO. 219

CONDEMN PUBLIC DESECRATION OF THE FLAG OF THE UNITED STATES

WHEREAS, the United States Supreme Court, by a 5–4 decision, ruled that public desecration of the American flag, as a form of free speech and expression, is legal and permissible; and

WHEREAS, the American flag—Old Glory—is our national ensign, the proud and beautiful symbol of our country’s precious, free heritage; and

WHEREAS, this symbol, in the form of our irreplaceable Stars and Stripes, has been carried and defended in battle, revered and cherished by citizens, and viewed as a beacon of hope and fulfillment by all the world since it was first unfurled at the birth of our nation; and

WHEREAS, the First Amendment to the United States Constitution guarantees freedom of speech and was not intended by our Founding Fathers to enable individuals—who enjoy unfettered freedom to express their views, no matter how abhorrent, in both oral and written form—to publicly and contemptuously desecrate our beloved flag; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, condemns any individual or group who at any time publicly and willfully desecrates the flag of the United States.

§ § §

RESOLUTION NO. 220

**SUPPORT THE CONSTRUCTION OF A COURTHOUSE FOR THE
UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS**

WHEREAS, veterans and other persons claiming benefits from the Department of Veterans Affairs have benefited substantially and materially from the jurisprudence of the United States Court of Appeals for Veterans Claims (Court); and

WHEREAS, the Court has existed for 31 years; and

WHEREAS, the courtroom, chambers and other space are inadequate to meet the current and future needs of the Court and those it serves; and

WHEREAS, it is in the interest of veterans and their dependents that the Court be accorded the same appurtenances enjoyed by other appellate courts of the United States; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, shall take such actions as may be necessary or advisable in support of legislation to authorize and fund the construction of a suitable and appropriate courthouse for the United States Court of Appeals for Veterans Claims.

§ § §

RESOLUTION NO. 221

**OPPOSE ANY AUTHORIZATION OF USE OF MEMBERS OF THE
ARMED FORCES FOR HUMAN EXPERIMENTATION WITHOUT
THEIR KNOWLEDGE AND INFORMED CONSENT**

WHEREAS, those who serve in our nation's armed forces make personal sacrifices to maintain our national security; and

WHEREAS, members of the armed forces should be accorded respect and the gratitude of the nation; and

WHEREAS, their willingness to sacrifice and relinquish their liberty while serving does not surrender their natural right to determine what shall be done with their own bodies and their right to personal dignity; and

WHEREAS, it is a violation of the ethical principle of the right of self-determination to use service members for human experimentation without their knowledge and informed consent; and

WHEREAS, our government has in the past used military members as "guinea pigs" to test the effects of harmful and injurious substances on the human body; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, opposes any rule or provision that would authorize human experimentation on service members without their knowledge and informed consent.

§ § §

RESOLUTION NO. 247

**SUPPORT LEGISLATION TO GUARANTEE UNITED STATES
CITIZENSHIP TO HONORABLY DISCHARGED SERVICE-DISABLED
NONCITIZEN VETERANS AT TIME OF DISCHARGE**

WHEREAS, noncitizen service members have played an important role in the United States military since the Revolutionary War, and thousands continue to serve honorably today; and

WHEREAS, persons with noncitizen status who are permanent residents of the United States have permission to work in the United States, and those who have obtained a high school diploma and speak English are eligible to enlist in the United States military; and

WHEREAS, current law allows noncitizen veterans to apply for expedited citizenship if they meet age and length-of-service requirements and demonstrate English proficiency and knowledge of the history and government of the United States—however, meeting these criteria does not guarantee citizenship will be awarded; and

WHEREAS, honorably discharged veterans with disabilities due to military service, service-related disabilities pending awards of service connection, or disabilities incurred during or as a result of military service but not awarded service connection should be guaranteed citizenship for their honorable service; and

WHEREAS, these veterans should have the opportunity to live without fear of deportation from the country they fought for; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to provide honorably discharged veterans with disabilities as a result of their military service, regardless if service connection has been established for such conditions, guaranteed citizenship.

§ § §

RESOLUTION NO. 252

**EXPAND THE TRAVEL AREA THAT SERVICE-CONNECTED VETERANS HAVING
A PERMANENT DISABILITY RATED 100% MAY TRAVEL FROM CONTINENTAL
UNITED STATES TO CONTINENTAL UNITED STATES AND OVERSEAS**

WHEREAS, the 2019 National Defense Authorization Act allows totally disabled service-connected veterans to travel space-available aboard military aircraft; and

WHEREAS, the military has interpreted the language in the act to authorize disabled veterans to travel in the Continental United States (CONUS) or directly between CONUS and Alaska, Hawaii, Puerto Rico, the U.S. Virgin Islands, Guam and American Samoa (Guam and American Samoa travelers may transit Hawaii or Alaska) or traveling within Alaska, Hawaii, Puerto Rico or the U.S. Virgin Islands on flights operated by Air Mobility Command; and

WHEREAS, totally disabled service-connected veterans have sacrificed greatly in terms of their impairments and loss of earning capacity; and

WHEREAS, more than any other living group of Americans, such veterans should be eligible for all benefits and privileges that Congress may provide; and

WHEREAS, such totally disabled veterans should be extended the same privileges as other personnel currently authorized to utilize space-available military air travel; and

WHEREAS, the extension of such travel to totally disabled service-connected veterans would not place any additional burden upon the administration of this program; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, seeks the enactment of legislation that would extend the travel area for space-available travel for service-connected veterans having a permanent disability rated 100% to and from CONUS and overseas.

§ § §

RESOLUTION NO. 253

**EXTEND SPACE-AVAILABLE AIR TRAVEL TO CAREGIVERS
AND DEPENDENTS OF ELIGIBLE VETERANS**

WHEREAS, the 2019 National Defense Authorization Act allows totally disabled service-connected veterans to travel space-available on military aircraft; and

WHEREAS, this benefit does not include a veteran's caregiver or dependent; and

WHEREAS, active military and retirees are authorized to travel via space-available travel with their dependents; and

WHEREAS, veterans that are eligible are severely disabled and often need the aid or assistance of a caregiver or family member to deal with the rigors of travel; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports legislation to authorize air travel for caregivers or dependents traveling with eligible veterans on a space-available basis in order to provide aid or assistance as well as to provide parity with Department of Defense eligibility for military retirees.

§ § §

RESOLUTION NO. 275

SUPPORT LEGISLATION TO PROTECT HONORABLY DISCHARGED NONCITIZEN VETERANS FROM DEPORTATION WHILE APPLYING FOR CITIZENSHIP

WHEREAS, current law allows documented noncitizens the opportunity to serve in the United States military; and

WHEREAS, the Immigration and Nationality Act of 1965 (INA) allows noncitizen service members to apply for naturalization during peacetime after one year of honorable service and allows noncitizen service members to apply for naturalization during periods of hostility after one day of honorable service; and

WHEREAS, noncitizen recruits often receive incorrect or incomplete information regarding their options to become U.S. citizens through military service and less than half (43.8%) of noncitizen service members naturalize while on active duty; and

WHEREAS, noncitizen veterans arrested for crimes that may be due to underlying and untreated conditions incurred in military service are subject to immediate deportation; and

WHEREAS, current law does not provide any special protection for wartime service-disabled veterans who may become subject to deportation post-service; and

WHEREAS, wartime service-disabled noncitizen veterans who get deported effectively lose access to Department of Veterans Affairs (VA) health care services and access to VA benefits; and

WHEREAS, Veterans Treatment Courts allow wartime veterans arrested for service-related, nonviolent, nonfelony crimes to address their service-related mental health or substance abuse issues, which may result in removing charges upon successful completion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports the enactment of legislation to protect honorably discharged wartime noncitizen veterans with service-related disabilities from deportation without due process and the opportunity to participate in any VA program, including the Veterans Treatment Court; AND

BE IT FURTHER RESOLVED that DAV supports the enactment of legislation to protect honorably discharged wartime noncitizen veterans with service-related disabilities from deportation while filing and awaiting a decision on their application for U.S. citizenship.



RESOLUTION NO. 509

SUPPORT FEDERAL LAWS, REGULATIONS, PROGRAMS AND POLICIES THAT ENHANCE, AND OPPOSE THOSE THAT DIMINISH, DAV'S ABILITY TO FULFILL ITS MISSION OF ASSISTING SERVICE-DISABLED VETERANS, THEIR FAMILIES AND SURVIVORS

WHEREAS, DAV was founded by Judge Robert Marx and several hundred other fellow veterans on September 25, 1920, in Cincinnati, Ohio, in order to rally their collective voice in the halls of Congress and help their fellow disabled veterans; and

WHEREAS, DAV was chartered by Congress on June 17, 1932, as a nonprofit war veterans organization to advance the interests and work for the betterment of all wounded, injured and disabled American veterans; and

WHEREAS, DAV is recognized by the Department of Veterans Affairs (VA) as a congressionally chartered veterans service organization for the purpose of preparation, presentation and prosecution of claims for VA benefits; and

WHEREAS, DAV is a tax-exempt veterans organization under section 501(c)(4) of the Internal Revenue Code and is recognized by the Internal Revenue Service as a charitable war veterans organization eligible to receive tax-deductible contributions; and

WHEREAS, DAV has a National Headquarters in Kentucky; a National Service and Legislative Headquarters in Washington, D.C.; and hundreds of service officers working inside VA offices and on military bases across the country to support veterans and their families seeking benefits and services earned through their service; and

WHEREAS, DAV has 52 departments, over 1,200 chapters and approximately 1 million members who provide their time, talents and resources to help fulfill DAV's mission of empowering veterans to lead high-quality lives with dignity and respect; and

WHEREAS, DAV provides meaningful support free of charge to more than 1 million veterans and family members every year through its service, volunteer, transportation, employment, legislative, communications and charitable programs; and

WHEREAS, changes to federal laws, regulations, programs and policies can enhance or diminish DAV's ability to fulfill its mission as a federally chartered, nonprofit charitable veterans service organization and its members' ability to support that mission; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Tampa, Florida, July 31–August 3, 2021, supports federal laws, regulations, programs and policies that enhance, and will oppose those that diminish, DAV's ability as a nonprofit veterans organization to assist ill and injured veterans, their families and survivors.

§ § §



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