



DAV's 2012 Legislative Program

For over 90 years, our work as an organization stems from the belief that benefits provided by and on behalf of a grateful nation to the men and women who served in the military were earned through their sacrifice in defending freedom and democracy.

While our elected officials have made significant strides in recent years to ensure that those returning from our ongoing wars in Iraq and Afghanistan receive the health care and benefits they have earned, we must be constantly vigilant that *all* veterans are honored, not just with words, but with substantive action. Recent actions however, are tempered by the state of today's economic environment and the need to reduce our nation's deficit, which are front and center in the political arena.

The Administration has issued its proposal to achieve more than \$3.2 trillion in budget savings over the next decade. The Congressional Joint Select Committee on Deficit Reduction, created by the Budget Control Act of 2011, has begun its work to issue a formal recommendation on how to reduce the deficit by at least \$1.5 trillion over the next ten years. If not, the federal budget will automatically be reduced by \$1.2 trillion starting in 2013.

We urge Congress and the Administration to take action that ensures our nation's service-disabled veterans who, even with the consequences of their sacrifices, are making a serious and sincere effort to achieve lasting success in their personal lives, are the last to be called upon to make further sacrifices to put our fiscal house in order.

We face an uphill battle this year in achieving our mission to both protect and enhance veterans' benefits and services. While the DAV is committed to supporting reasonable and responsible legislation in accordance with our organization's constitution and bylaws, our strength comes from our grassroots efforts. With your help, we will continue to stand up to protect those earned benefits.

It is only proper to expect the Administration and Congress to introduce and pass reasonable legislation. However, it is our job to thank them when they uphold their promises and hold them accountable when they fall short.

RESOLUTIONS
of the
DISABLED AMERICAN VETERANS
2011 NATIONAL CONVENTION
NEW ORLEANS, LA

	Res. No.
Disabled American Veterans Statement of Policy	001

RATINGS AND AWARDS

Provide a 10-Year Protection Period for Service-Connected Disability Evaluations	007
Oppose Any Proposal that Would Offset Payments of Social Security Disability Insurance Benefits or Any Other Federal Benefit by Department of Veterans Affairs Compensation	008
Oppose Any Recommendations by Any Commission to Reduce or Eliminate Benefits for Disabled Veterans	009
Oppose Subjecting Compensation to Means Testing	010
Oppose Reduction, Taxation or Elimination of Veterans' Benefits	011
Support a Change in Regulatory Requirements Under Section 4.30 of Title 38, Code of Federal Regulations, to Provide for a Temporary Total Rating for Incapacitation of More Than 21 Days	012
Reduce the 10-Year Rule for Dependency and Indemnity Compensation	013
Support Legislation to Clarify that Service in the Republic of Vietnam for Purposes of Benefits Based on Exposure to Herbicides Includes Service in the Waters Offshore	014

Provide a Temporary Total Rating for the Period that an Amputee Has a New Prosthetic Device Constructed	015
Seek Legislation to Exclude Veterans' Disability Compensation from Countable Income for Purposes of Eligibility to Benefits and Services Under Other Government Programs	016
Oppose a Complete Revamping of the 1945 Rating Schedule	017
Support Legislation to Provide for Service Connection for Disabling Conditions Resulting from Toxic and Environmental Exposures	018
Support Legislation to Remove the Prohibition Against Concurrent Receipt of Survivor Benefit Plan Payments and Dependency and Indemnity Compensation	019
Support Legislation to Award Special Monthly Compensation Under the Provisions of Title 38, United States Code, § 1114(r)(1) to Veterans with Anatomical Loss or Loss of Use of Three Extremities	020
Support Interest Payments for Department of Veterans Affairs Retroactive Awards of One Year or More	021
Support Legislation to Provide a Realistic Increase in Department of Veterans Affairs Compensation Rates to Address Loss of Quality of Life	022
Support Legislation to Link Disabled Veterans Disability Compensation Increases to the Federal Employees Pay Comparability Act of 1990 or the Current Cost-of-Living Allowance Tied to the Consumer Price Index, Whichever is Higher	023
Increase Disability Compensation	058

Oppose Any Change that Would Redefine Service-Connected Disability or Restrict the Conditions or Circumstances Under Which It May Be Established	059
Support Legislation Authorizing the Presumption of Service Connection for All Radiogenic Diseases	061
Increase the Grant for Automobiles or Other Conveyances Available to Certain Disabled Veterans	062
Amend Provisions Regarding Eligibility for Automobile Adaptive Equipment to Include Any Veteran Whose Service-Connected Disability Inhibits His/Her Ability to Safely Operate a Motor Vehicle	063
Compensate Persian Gulf War Veterans Suffering from Illnesses Circumstantially Linked to Their Service in the Persian Gulf War	064
Oppose Lump-Sum Payments for Service-Connected Disabilities	065
Support Legislation to Remove the Prohibition Against Concurrent Receipt of Military Retired Pay and Veterans' Disability Compensation for All Longevity Retired Veterans	066
Support Legislation Providing that Special Separation Benefits Payments Not Be Withheld From Department of Veterans Affairs Disability Compensation Payments	067
Expand Prisoner-of-War Presumptions	090
Eliminate the Delimiting Date for Eligible Spouses and Surviving Spouses for Benefits Provided Under Chapter 35, Title 38, United States Code	141

Provide for a Compensable Rating for Hearing Impaired Veterans Required to Use a Hearing Aid	145
Support Presumptive Service Connection for Tinnitus and Hearing Loss	146
Support Promulgation by the Department of Veterans Affairs of a More Modern, Accurate and Up-to-Date Audiological Testing Process and Rating Schedule Criteria to Better Determine Entitlement to Service Connection for Hearing Loss and Lowering the Threshold for Disability Compensation	169
Urge Greater Cooperation Among Departments of Defense, Veterans Affairs and Congress on Easing the Burden of Establishment of Service Connection for Residuals of Military Sexual Trauma, and for Improving the Availability of Records Associated with Evidence of Military Sexual Trauma	171
Oppose the Permanent Rounding Down of Cost-of-Living Adjustments in Veterans' Benefits	172
Support Reasonable Presumptive Period for Undiagnosed Illnesses for Gulf War Veterans	173
Support Legislation to Allow All Veterans to Recover Amounts Withheld as Tax on Disability Severance Pay	174

CLAIMS AND APPEALS PROCEDURES

Oppose Regional Dispersion of the Board of Veterans' Appeals	024
Support Legislation to Require the United States Court of Appeals for Veterans Claims to Decide Each of Appellant's Assignments of Error, Directly Order the Award of Benefits Where Appropriate to Remedy Errors Found, and Accept Appellant's Rejection of Confessions of Error by the Department of Veterans Affairs	025

Support Legislation to Revise the Appeal Period for Department of Veterans Affairs Decisions	026
Support Legislation to Cap Attorneys' Fees for Benefits Counseling and Claims Services Before the Department of Veterans Affairs	028
Oppose the Imposition of Time Limits for Filing Compensation Claims	068
Support Reform in the Veterans Benefits Administration's Disability Claims Process	175
Improve Collaboration Between the Departments of Defense and Veterans Affairs on the Delivery of Services Through the Integrated Disability Evaluation System	177

HOUSING, INSURANCE, CEMETERIES AND BURIAL

Extend Eligibility for Veterans' Mortgage Life Insurance to Service-Connected Veterans Rated Permanently and Totally Disabled	029
Support an Increase in the Department of Veterans Affairs Burial Allowance for Service-Connected Veterans and Provide for Automatic Annual Adjustments	030
Amend the Home Improvement and Structural Alterations Program	031
Support Legislation to Provide for Waiver of Premiums for Supplemental Service-Disabled Veterans' Insurance	070
Provide an Open Period to Apply for Service-Disabled Veterans' Insurance	071
Increase the Face Value of Service-Disabled Veterans' Insurance	074
Remove Two-Year Time Limit for Reimbursement or Direct Payment of Burial and Funeral Expenses	124

Provide Increase in the Specially Adapted Housing Grant and Separate Temporary Residence Adaptation Grants	170
Support Legislation to Reduce Premiums for Service-Disabled Veterans' Insurance Consistent with Current Life Expectancy	176
Support the Use of Surplus Federal Properties to House Homeless Veterans and Their Families	178

HOSPITAL AND MEDICAL CARE

Amend Title 38, United States Code, to Provide Dental Care to All Enrolled Veterans Within the Department of Veterans Affairs Health Care System	042
Support Legislation to Require the President, Vice President and Members of Congress to Receive Health Care Exclusively from the Department of Veterans Affairs	043
Support Congressional Funding for the Creation of a Department of Veterans Affairs Rehabilitative Special Events Office	047
Support a Department of Veterans Affairs Alternative Care Model Pilot Project for Veterans with Alzheimer's Disease	049
Oppose Third-Party Payments for Service-Connected Disabilities	080
Support Top Priority Access for Service-Connected Veterans Within the Department of Veterans Affairs Health Care System	082
Oppose Means Testing Service-Connected Veterans for Department of Veterans Affairs Health Care	151
Improve Department of Veterans Affairs Purchased Care Program	182

Support Congressional Oversight and Federal Vigilance to Provide for Research, Health Care and Improved Surveillance of Disabling Conditions Resulting from Military Toxic and Environmental Hazards Exposure	183
Provide Adequate Support to State Veterans Homes by Supporting the Per Diem Program, the Construction Grant Program and Changes in How the Department of Veterans Affairs Reimburses State Homes for Care of Severely Disabled Veterans	184
Support Equal Medical Services and Benefits for Women Veterans	185
Support Enhancement of Long-Term Health Care to Service-Connected Disabled Veterans	186
Support Enhancement of Medical Services Through Modernization of Department of Veterans Affairs Health Care Infrastructure	187
Congress and the Administration Must Assure Full Implementation of Legislation to Guarantee Sufficient, Timely and Predictable Funding for Department of Veterans Affairs Health Care Programs	188
Adequately Fund and Sustain the Successful Readjustment Counseling Service of the Department of Veterans Affairs and its Highly Effective “Vet Center” Program	189
Support Legislation to Establish a Comprehensive Program for Traumatic Brain Injury Rehabilitation and Require the Departments of Defense and Veterans Affairs to Collaborate to Ensure Proper Screening, Diagnosis and Treatment for All Veterans with Possible Traumatic Brain Injury	190
Support Legislation to Repeal Copayments for Medical Care and Prescriptions in Department of Veterans Affairs and Department of Defense (TRICARE)	191

Support Legislation to Extend Eligibility to the Civilian Health and Medical Program of the Department of Veterans Affairs	192
Support the Provision of Comprehensive Department of Veterans Affairs Health Care Services to Enrolled Veterans	193
Ensure Timely Access to Quality Health Care and Medical Services	194
Support Legislation to Provide Comprehensive Support Services for Caregivers of Severely Wounded, Injured and Ill Veterans from All Eras	195
Support Legislation or Policy Changes to Authorize Scholarships for New Mental Health Practitioners in Exchange for Commitments to Serve Veterans in Community-Based Outpatient Clinics and Readjustment Counseling Vet Centers of the Department of Veterans Affairs	196
Protect Veterans from Employment Discrimination When Seeking Health Care for Service-Connected Conditions	197
Support Reduction of Required Copayments for Medications Prescribed by Department of Veterans Affairs Medical Centers for Veterans to be Equal to or Less than Copayments Charged by Private Sector Pharmaceutical Sources	198
Support Repeal of Beneficiary Travel Pay Deductible for Service-Connected Disabled Veterans and Increase and Sustain Beneficiary Travel Reimbursement Rates	199
Support Program Improvement and Enhanced Resources for Department of Veterans Affairs Mental Health Programs to Achieve Readjustment of New War Veterans and Continued Effective Mental Health Care for All Enrolled Veterans Needing Such Services	200

Support Full Funding and Resources for Polytrauma Units at Department of Veterans Affairs Medical Centers	201
Oppose Recommendation that Military Retired Veterans Be Prohibited from Both Department of Defense and Department of Veterans Affairs Facilities	202
Support Sufficient Resources for the Department of Veterans Affairs to Improve Health Care Services for Veterans Living in Rural or Remote Areas	203
Improve Reimbursement Policies for Non-Department of Veterans Affairs Emergency Health Care Services for Enrolled Veterans	204
Support Sustained Sufficient Funding to Improve Services for Homeless Veterans	205
Enhance the Civilian Health and Medical Program of the Department of Veterans Affairs Services	206
Support Legislation to Improve Department of Veterans Affairs Programs Designed to Prevent and Treat Substance Use Disorders in Veterans	207
Require a Veteran’s Attending Department of Veterans Affairs (VA) Physician to Provide a Medical Opinion with Regards to a Claim for VA Disability Compensation Benefits When Requested	208
Support Programs to Provide Psychological Support and Mental Health Counseling Services to Family Members of Veterans Suffering from Post-Traumatic Stress Disorder, Depression and Other Mental Health	209
Support Policies to Require the Department of Veterans Affairs (VA) to Allow Veterans to be Accompanied by Service and Guide Dogs When Seeking Care at VA Facilities	212

EMPLOYMENT, EDUCATION AND GENERAL

Provide Educational Benefits for Dependents of Service-Connected Veterans Rated 80 Percent or More Disabled	032
Support Legislation that Would Exempt the Benefits Paid to Wartime Service-Connected Disabled Veterans from the “Pay-Go”/“Cut-Go” Provisions of the Budget Enforcement Act	033
Support Adequate Funding for All Department of Veterans Affairs Programs	144
Support Legislation to Provide for a Reasonable Transition Period for All Service-Disabled Veteran-Owned Small Businesses to Retain their Federal Protected Status Following the Death of the Disabled Veteran	153
Support Veterans’ Preference in Public Employment	213
Provide Adequate Funding and Permanency for Veterans’ Employment and/or Training Programs	214
Support Legislation Enhancing Government-Wide Goal for Participation by Small Business Concerns Owned and Controlled by Service-Disabled Veterans	215
Support Licensure and Certification of Active Duty Service Personnel	216
Provide Increased Funding So Members of All Service Branches and Components Attend the Transition Assistance Program and the Disabled Transition Assistance Program	217
Oppose Using Disabled Veterans’ Outreach Program Specialists and Local Veterans’ Employment Representatives to Work with or Process Public Assistance Programs	218

Increase Staffing Levels of the Department of Veterans Affairs Vocational Rehabilitation and Employment Services	219
Support Increasing the Vocational Rehabilitation and Employment Chapter 31 Subsistence Allowance to a Rate Equal to the Post-9/11 Education Assistance Program Under Chapter 33 for Veterans of All Eras of Conflict	220
Support Outreach and Employment of Women Veterans	221
Drop the 12-Year Rule to Request Department of Veterans Affairs Vocational Rehabilitation Benefits Under Chapter 31, Leaving the Date to Apply for that Benefit Open-Ended	222

MILITARY AFFAIRS AND NATIONAL SECURITY

Extend Space-Available Air Travel Aboard Military Aircraft to 100 Percent Service-Connected Disabled Veterans	034
Extend Commissary and Exchange Privileges to Service-Connected Disabled Veterans and Their Dependents	035
Seek the Immediate Release of Any Americans Who May Still Be Held Captive Following World War II, The Korean War, the Vietnam War, and Operations Enduring Freedom and Iraqi Freedom and the Return of the Remains of Any Americans Who Died During These Wars	036
Support for Joint POW/MIA Accounting Command	040
Support Legislation to Ensure that Military Retirees Receive All Benefits They Were Promised When They Entered the Armed Forces	075
Support a Strong National Defense	077

Oppose Any Authorization of Use of
Members of the Armed Forces for Human
Experimentation Without Their Knowledge
and Informed Consent 179

Support Move to Renew Prisoner-of-War
Missing in Action Discussions 180

AMERICANISM AND MISCELLANEOUS

Condemn Public Desecration of the Flag
of the United States 037

Encourage All Disabled Veterans to Become
Registered Voters and Vote 038

Support the Construction of A Courthouse for
The United States Court of Appeals for
Veterans Claims 039

Support Former Prisoner-of-War Slave
Labor Claims Against Japanese Firms 122

Support Construction of a Memorial to
Commemorate the Sacrifices of America's
Disabled Veterans 181

Encourage the Department of Veterans
Affairs to Submit Candidates for the George
H. Seal Memorial Award Program 210

Encourage the Department of Veterans
Affairs to Submit Candidates for the Jesse
Brown Memorial Youth Scholarship Program 211

RESOLUTION NO. 001

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.

RATINGS AND AWARDS

RESOLUTION NO. 007

**PROVIDE A 10-YEAR PROTECTION PERIOD FOR SERVICE-CONNECTED
DISABILITY EVALUATIONS**

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

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

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports amendment of section 110, title 38, United States Code, to provide that disability evaluations continuously in effect at the same evaluation rate be protected after a period of 10 years.

⌘ ⌘ ⌘

RESOLUTION NO. 008

OPPOSE ANY PROPOSAL THAT WOULD OFFSET PAYMENTS OF SOCIAL SECURITY DISABILITY INSURANCE BENEFITS OR ANY OTHER FEDERAL BENEFIT BY DEPARTMENT OF VETERANS AFFAIRS COMPENSATION

WHEREAS, consideration has been given to proposing an offset of Social Security Disability Insurance Benefits by payments of any other Federal benefit; and

WHEREAS, the adoption of such a measure would reduce the overall income provided to those service-connected veterans who have a compensable disability and who also suffer a permanent and total disability for purposes of Disability Insurance Benefits from the Social Security Administration; and

WHEREAS, such an offset would work a grave and undue hardship on all 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 as compared with the earned payments of Social Security Disability Insurance Benefits; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any measure which proposes to offset the payment of any other Federal benefit or earned benefit entitlement by VA compensation payments made to service-connected disabled veterans.

⌘ ⌘ ⌘

RESOLUTION NO. 009

OPPOSE ANY RECOMMENDATIONS BY ANY COMMISSION 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 expose themselves 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, have 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 denigrate the suffering of disabled veterans, conveniently ignore this debt, and shirk this national responsibility; and

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

WHEREAS, our Government continues to establish commissions to review veterans benefits and entitlements in an effort to balance the budget; and

WHEREAS, honorable and great nations of conscience do not abandon their wounded warriors; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, remind 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 in the equitable standards of current law and regulations; AND

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

⌘ ⌘ ⌘

RESOLUTION NO. 010

OPPOSE SUBJECTING COMPENSATION TO MEANS TESTING

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

WHEREAS, a disabled veteran is rightfully entitled to restitution for the effects of service-connected disability during its continuation, without regard to good fortune or income of the veteran or spouse from sources wholly independent of the Government's obligations to the veteran; and

WHEREAS, it is fundamentally 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 and dependency and indemnity compensation, there are efforts to reduce or eliminate them where the veteran or spouse, or survivor has other income; and

WHEREAS, this degrades compensation by providing it to the extent of the veteran's or survivor's economic needs rather than as a measure of restitution equal to personal losses, thereby disassociating compensation from that which merits it and associating it with factors which govern purely gratuitous and welfare benefits; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any scheme to means test disability and death compensation.

⌘ ⌘ ⌘

RESOLUTION NO. 011

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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, vigorously opposes reduction, taxation or elimination of veterans' benefits.

✍ ✍ ✍

RESOLUTION NO. 012

SUPPORT A CHANGE IN REGULATORY REQUIREMENTS UNDER SECTION 4.30 OF 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 013

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

WHEREAS, Section 1318 (b) (1), title 38, United States Code, provides Dependent & Indemnity Compensation (DIC) benefits for survivors of certain veterans noted 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 surviving spouse; and

WHEREAS, the surviving spouse, acting as care-giver for the veteran, most in many case limit or give up her career, or put his or her career on hold; and

WHEREAS, it is inherently unfair that the surviving spouse should have this additional burden placed on her for 10 years or more before he or she can qualify for DIC when this veterans passes; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, support legislation to reduce this 10-year rule for DIC qualification to a more reasonable period of time.

⌘ ⌘ ⌘

RESOLUTION NO. 014

SUPPORT LEGISLATION TO CLARIFY THAT SERVICE IN THE REPUBLIC OF VIETNAM FOR PURPOSES OF BENEFITS BASED ON EXPOSURE TO HERBICIDES INCLUDES SERVICE IN THE WATERS OFFSHORE

WHEREAS, over 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 humankind; and

WHEREAS, the dispersion and deposition of, and human exposure to, dioxins were not limited to areas directly sprayed, inasmuch as it is acknowledged that the chemical was carried away from the areas of application by canals, rivers, and streams, and that airborne particulates were carried by wind drift; and

WHEREAS, Congress has therefore provided that, for purposes of establishing or presuming service connection for a disability or death as related to herbicide exposure, 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 . . . unless there is affirmative evidence to establish that the veteran was not exposed to any such agent” during that service; and

WHEREAS, the Department of Veterans Affairs (VA) has arbitrarily interpreted “served in the Republic of Vietnam” to mean only service on land areas of Vietnam and not waters offshore within its national boundaries; and

WHEREAS, the exclusion of territorial seas or waters from the term “Republic of Vietnam” is contrary to the plain and unqualified language of the law and illogical insofar as its premise is that herbicides could be carried away from the area of application across any expanse of land but not equal or lesser expanses of water; and

WHEREAS, various illnesses have been linked to and are presumed due to exposure to these herbicide agents; and

WHEREAS, veterans who served on ships no more distant from the spraying of these herbicides than many who served on land are arbitrarily and unjustly denied benefits of the presumption of exposure and thereby the presumption of service connection for their herbicide-related disabilities; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to expressly provide that the phrase “served in the Republic of Vietnam” includes service in the waters offshore.

⌘ ⌘ ⌘

RESOLUTION NO. 015

PROVIDE A TEMPORARY TOTAL RATING FOR THE PERIOD THAT AN AMPUTEE HAS A NEW PROSTHETIC DEVICE CONSTRUCTED

WHEREAS, it takes four to six weeks to manufacture a prosthetic device; and

WHEREAS, many employers will not accept an amputee back on the job without his or her artificial limb; and

WHEREAS, the veteran who does not have an artificial limb is incapacitated and unable to perform gainful employment; and

WHEREAS, the Department of Veterans Affairs (VA) Schedule for Rating Disabilities does not contain any provision to provide this temporary total rating; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to amend the 1945 VA Schedule for Rating Disabilities to provide a temporary total rating for the period involving the replacement of a prosthetic device.

⌘ ⌘ ⌘

RESOLUTION NO. 016

SEEK LEGISLATION TO EXCLUDE VETERANS' DISABILITY COMPENSATION FROM COUNTABLE INCOME FOR PURPOSES OF ELIGIBILITY TO BENEFITS AND SERVICES UNDER 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 the programs generally available to other citizens, and the veteran really receives nothing additional for his or her disability and is thus not compensated; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks legislation to exclude veterans' disability compensation from countable income for purposes of entitlement to benefits or services under other government programs.

⌘ ⌘ ⌘

RESOLUTION NO. 017

OPPOSE A COMPLETE REVAMPING OF THE 1945 RATING SCHEDULE

WHEREAS, the 1945 Schedule for Rating Disabilities, adopted and used by the Department of Veterans Affairs (VA) has served America's disabled veterans quite adequately; and

WHEREAS, the 1945 Schedule for Rating Disabilities incorporates a policy of "average impairment" and that policy has treated all veterans with like disabilities equally and fairly in spite of age, education or work experience; and

WHEREAS, the current 1945 Schedule for Rating Disabilities does actually encourage disabled veterans to seek vocational rehabilitation training in order to become a more productive wage earner without penalty for doing so; and

WHEREAS, the 1945 Schedule for Rating Disabilities has been modified and upgraded many times when advances in medical science dictates a change in a particular disability rating might be necessary, or additions to the Schedule have been incorporated to cover injuries, affirmatives and illnesses unique to some theatre of operations; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, goes on record as adopting a policy that would strongly oppose any wholesale changes to the 1945 Schedule for Rating Disabilities by any group, organization, committee, consortium or act of Congress.

⌘ ⌘ ⌘

RESOLUTION NO. 018

**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, chemical, biological agents 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 and the Department of Veterans Affairs (VA), and other federal agencies have 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 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 to determine whether a link exists between exposure and certain physical disorders; and

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

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, vigorously supports the VA's expeditious handling of veterans' claims and the payment of fair and just compensation for all conditions associated with the veteran's service and related exposure to toxic and environmental hazards.

⌘ ⌘ ⌘

RESOLUTION NO. 019

**SUPPORT LEGISLATION TO REMOVE THE PROHIBITION AGAINST
CONCURRENT RECEIPT OF SURVIVOR BENEFIT PLAN PAYMENTS AND
DEPENDENCY AND INDEMNITY COMPENSATION**

WHEREAS, the Survivor Benefit Plan (SBP) payments are payments of an insurance annuity and the retired military member pays premiums for this coverage; and

WHEREAS, Dependency and Indemnity Compensation (DIC) is paid to the surviving spouse of a service member, retiree or veteran who dies of a service-connected condition; and

WHEREAS, these two programs are unrelated to each other; and

WHEREAS, under current law SBP payments are reduced, by the amount of DIC received; and

WHEREAS, this offset is extremely unfair to the approximately 61,000 spouses whose service member faithfully paid premiums in anticipation of a fair annuity based on premium payment; and

WHEREAS, there should not be a statute of limitation to apply for SBP as the current six-year statute of limitation has severe and adverse consequences on survivors; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, support legislation to repeal the offset between SBP annuity payments and DIC Compensation Payments; AND

BE IT FURTHER RESOLVED that the six-year statute of limitation should be waived if the offset between DIC and SBP is removed.

⌘ ⌘ ⌘

RESOLUTION NO. 020

SUPPORT LEGISLATION TO AWARD SPECIAL MONTHLY COMPENSATION UNDER THE PROVISIONS OF TITLE 38, UNITED STATES CODE, § 1114(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 perform personal functions; 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 ordinarily clean and presentable, or to perform frequent adjustment of special prosthetic or orthopedic appliances, or to attend to the wants of nature, 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 021

**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 indebtednesses to the United States government, in addition to the principal amount of such indebtednesses, 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 investment income, which could have been received had they received their earned benefits in a timely fashion; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks the enactment of legislation that would require the VA to pay interest on all retroactive benefit awards in excess of one year.

§ § §

RESOLUTION NO. 022

**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 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 percent of compensation be enacted; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports the enactment of legislation to provide a realistic increase in VA compensation rates to address loss of quality of life.

⌘ ⌘ ⌘

RESOLUTION NO. 023

SUPPORT LEGISLATION TO LINK DISABLED VETERANS DISABILITY COMPENSATION INCREASES TO THE FEDERAL EMPLOYEES PAY COMPARABILITY ACT OF 1990 OR THE CURRENT COST-OF-LIVING ALLOWANCE TIED TO THE CONSUMER PRICE INDEX, WHICHEVER IS HIGHER

WHEREAS, increases in disability compensation to disabled veterans have traditionally been as a result of cost-of-living adjustment (COLA) increases each year; 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 since 1975, prescribed by law when calculating any COLA increase; and

WHEREAS, in general, a COLA is equal to the percentage *increase* in the Consumer Price Index 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 U.S. 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, 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, the Federal Employees Pay Comparability Act (FEPCA) of 1990, was enacted to achieve some measure of pay comparability between federal government workers and non-federal workers doing similar jobs with increases based on the Employment Cost Index minus 0.5 percent; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation linking disabled veterans disability compensation increases to FEPCA, or the current COLA tied to the CPI, whichever is greater.

⌘ ⌘ ⌘

RESOLUTION NO. 058

INCREASE DISABILITY COMPENSATION

WHEREAS, it is the historical policy of the Disabled American Veterans 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 059

**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 disassociate 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes changes in current law so as to redefine or restrict service connection.

⌘ ⌘ ⌘

RESOLUTION NO. 061

SUPPORT LEGISLATION AUTHORIZING THE PRESUMPTION OF SERVICE CONNECTION FOR ALL RADIOGENIC DISEASES

WHEREAS, members of the United States Armed Services have participated in test detonation of nuclear devices and served in Hiroshima or Nagasaki, Japan, following the detonation of nuclear bombs, including “clean-up” operations at test sites; and

WHEREAS, the United States Government knew or should have known of the potential harm to the health and well-being of these military members; and

WHEREAS, atomic veterans served their country 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, by the Department of Veterans Affairs’ (VA’s) own admission, approximately 50 claimants have obtained disability compensation or dependency and indemnity compensation pursuant to Public Law 98-542, the Veterans’ Dioxin and Radiation Exposure Compensation Standards Act; and

WHEREAS, the Government has spent tens of millions of dollars to provide dose reconstruction estimates which do not accurately reflect actual radiation dose exposure; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to provide presumptive service connection to atomic veterans for all recognized radiogenic diseases; AND

BE IT FURTHER RESOLVED that all veterans involved in “clean-up” operations following the detonation of nuclear devices should be considered atomic veterans for all benefits and services provided by VA.

⌘ ⌘ ⌘

RESOLUTION NO. 062

**INCREASE THE GRANT FOR AUTOMOBILES OR OTHER CONVEYANCES
AVAILABLE TO CERTAIN DISABLED VETERANS**

WHEREAS, the Department of Veterans Affairs (VA) provides a grant to assist eligible disabled veterans and servicemembers in purchasing specially equipped automobiles or other conveyances; and

WHEREAS, when originally established, the amount of the grant was set at an amount sufficient to cover the full cost of lower-priced automobiles; and

WHEREAS, later amendments established grants in amounts representing 80 percent of the average cost of automobiles; and

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

WHEREAS, the current grant of \$18,900 represents about 66 percent of the total average cost of automobiles based on most current available pricing; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to increase the automobile grant to an amount representing 80 percent of the average cost of new automobiles.

⌘ ⌘ ⌘

RESOLUTION NO. 063

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

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

WHEREAS, not all veterans whose service-connected disabilities prohibit the safe operation of a motor vehicle meet the requirements of section 3901, title 38, United States Code; 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 064

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

WHEREAS, the Disabled American Veterans 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, these brave veterans suffering from these unknown ailments are often prevented from providing for their own basic needs and for the needs of their families; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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 exposure to certain chemical, biological, and environmental toxins; AND

BE IT FURTHER RESOLVED that we strongly urge 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 we vehemently urge 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. 065

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 for Government savings and convenience; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any change in law to provide for lump-sum payments of VA disability compensation.

⌘ ⌘ ⌘

RESOLUTION 066

**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% who retire from the Armed Forces on length of service may not receive disability compensation from the Department of Veterans Affairs (VA) in addition to full military retired pay; 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 extremely 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 the Disabled American Veterans at the National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to repeal the offset between military longevity retired pay and VA disability compensation.

⌘ ⌘ ⌘

RESOLUTION NO. 067

**SUPPORT LEGISLATION PROVIDING THAT SPECIAL SEPARATION BENEFITS
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, VA General Counsel, in an opinion rendered on June 22, 1992, held that any monies 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to clarify that SSB payments are not disability payments and therefore should not be recouped from VA disability compensation payments.

⌘ ⌘ ⌘

RESOLUTION NO. 090

EXPAND PRISONER-OF-WAR PRESUMPTIONS

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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation which would add those medical conditions which are characteristically associated with or can be reasonably attributed to the POW experience as presumptive disorders for former POWs; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges passage of legislation that would expand eligibility for Dependency and Indemnity Compensation to surviving spouses of certain former POWs, who died prior to September 30, 1999, and who were rated totally disabled at the time of death for a service-connected disability for a period of not less than one year.

⌘ ⌘ ⌘

RESOLUTION NO. 141

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 ten years in which to apply for and complete a program of education; and

WHEREAS, this ten-year period begins either from the date a veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or ten 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 or surviving spouses may not have had an opportunity to apply for these benefits; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks the enactment of legislation which would eliminate the delimiting date for spouses and surviving spouses for purposes of benefits provided under Chapter 35, title 38, United States Code.

⌘ ⌘ ⌘

RESOLUTION NO. 145

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

WHEREAS, a significantly high number of veterans with hearing impairments have a zero percent or non-compensable rating for high frequency hearing loss; and

WHEREAS, most veterans who have such a rating with the Department of Veterans Affairs (VA) experience significant difficulties with such hearing loss in ordinary daily living; and

WHEREAS, the VA Schedule for Rating Disabilities provides a compensable rating of 10 percent for other minor disabilities such as a partial loss of one finger, mild skin conditions, tender scars and, in some cases, for the residuals of an episiotomy scar; and

WHEREAS, the VA should recognize those veterans who are impacted by high frequency hearing loss; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports granting veterans with high frequency hearing loss a compensable rating (10 percent) when it has been medically determined that the veteran requires and has been issued a hearing amplification device.

⌘ ⌘ ⌘

RESOLUTION NO. 146

SUPPORT 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 rate 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; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports entitlement to service connection on a presumptive basis for any veteran suffering from hearing loss or tinnitus, which manifests itself to a degree of 10 percent or more within a year of discharge from military service, and the evidence shows the veterans participated in combat or worked in a position or military occupational specialty likely to cause acoustic trauma.

⌘ ⌘ ⌘

RESOLUTION NO. 169

SUPPORT PROMULGATION BY THE DEPARTMENT OF VETERANS AFFAIRS OF A MORE MODERN, ACCURATE AND UP-TO-DATE AUDIOLOGICAL TESTING PROCESS AND RATING SCHEDULE CRITERIA TO BETTER DETERMINE ENTITLEMENT TO SERVICE CONNECTION FOR HEARING LOSS AND LOWERING THE THRESHOLD FOR DISABILITY COMPENSATION

WHEREAS, present testing for hearing loss is conducted in a sound-proof chamber with the use of noise isolating ear phones, contrary to ordinary, daily living circumstances contending with a variety of competing sounds and noise; and

WHEREAS, modern audiological equipment is used to measure both the ability to hear and speech recognition by repeating complete sentences subjected to varying levels of “artificial” background noise; and

WHEREAS, testing in sound-proof chambers with the use of noise isolating ear phones and “artificial” background noise work to the disadvantage of veterans; and

WHEREAS, hearing impairment is only considered a disability when controlled audiometric testing finds the auditory threshold in any of the frequencies 500, 1000, 2000, 3000, 4000 Hertz is 40 decibels or greater, or, when auditory thresholds for at least 3 of these frequencies are at 26 decibels or greater, or when speech discrimination is 94 percent or less; and

WHEREAS, disability compensation for service-connected hearing impairment is based upon the combination of percentage of speech discrimination and puretone threshold average resultant of controlled audiometric testing at the 1,000, 2,000, 3,000 and 4,000 Hertz ranges only; and

WHEREAS, many veterans’ daily lives are adversely affected as a result of service-connected hearing impairment, but are not compensated as a result of the inability to meet the high threshold set forth in the VA Schedule for Rating Disabilities; and

WHEREAS veterans with hearing loss rated as high as Moderate to Severe may not receive compensation from the Department of Veterans Affairs (VA) at more than a non-compensable (0%) rating; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports a change in audiometric testing methods by using state-of-the-art equipment and up-to-date procedures, which take into consideration the effects of non-artificial background noise, full sentence hearing and lower auditory threshold for determining hearing impairment; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans finds the threshold for a compensable rating is too high to benefit many veterans who are truly disabled by the extent of their service-connected hearing loss and VA should lower the threshold and define a more equitable system of determining disability compensation for service-connected hearing loss.

⌘ ⌘ ⌘

RESOLUTION NO. 171

URGE GREATER COOPERATION AMONG DEPARTMENTS OF DEFENSE, VETERANS AFFAIRS AND CONGRESS ON EASING THE BURDEN OF ESTABLISHMENT OF SERVICE CONNECTION FOR RESIDUALS OF MILITARY SEXUAL TRAUMA, AND FOR IMPROVING THE AVAILABILITY OF RECORDS ASSOCIATED WITH EVIDENCE OF MILITARY SEXUAL TRAUMA

WHEREAS, the Disabled American Veterans maintains a longstanding resolution from our membership that advocates an open process to govern establishment of service connection for diseases and injuries incurred in or aggravated in the line of duty during service in the United States armed forces;

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

WHEREAS, military sexual trauma is evermore recognized as a hazard of service for one percent of men serving and upwards of 20 percent 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);

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 of veterans injured during their service, and may interrupt or prevent their care by VA once they become veterans;

WHEREAS, the Department of Defense (DOD) has established an office of Sexual Assault Prevention and Response (SAPRO) to establish department-wide 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;

WHEREAS, both 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;

WHEREAS, presumptive service connection may be established in existing law (section 1112, title 38, United States Code) and statutory regulation (section 3.307, title 38, Code of Federal Regulations) for certain diseases that manifest to a degree of ten percent or more disabling within a date certain from date of discharge; and

WHEREAS, bills have been introduced in Congress that, if enacted, would ease rules associated with documentation of sexual trauma in an effort to provide equitable relief to those suffering these effects while protecting the confidentiality of such records and the individuals about whom they are maintained; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports continuing and stronger efforts by VA, DOD and Congress to ease the burden of establishment of service-connected disability from the effects of military sexual trauma by making evidentiary records more readily available; AND

BE IT FURTHER RESOLVED that Disabled American Veterans urges VA to use existing legal precedent for establishing presumptive service connection for illnesses associated with military sexual trauma when symptoms consistent with such trauma manifest in a veteran to a degree of ten percent or more disabling within a date certain, set either by Congress or the Secretary of Veterans Affairs, from date of discharge from military service.

⌘ ⌘ ⌘

RESOLUTION NO. 172

**OPPOSE THE PERMANENT 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, permanently rounding down the adjusted rates to the next lower dollar amount will erode the value of these benefits over time and thus not keep pace with the rise in the cost of living; and

WHEREAS, permanently rounding down veterans' cost-of-living adjustments (COLAs) unfairly targets veterans for convenient cost savings for the Government; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes permanent rounding down of COLAs for veterans' benefits.

✍ ✍ ✍

RESOLUTION NO. 173

SUPPORT REASONABLE PRESUMPTIVE PERIOD FOR UNDIAGNOSED ILLNESSES FOR GULF WAR VETERANS

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

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

WHEREAS, additional research into the long-term health effects of exposures is needed, a fact confirmed in a September 2000 report by the Institute of Medicine on the health effects of exposures during the Gulf War; and

WHEREAS, the presumptive period for undiagnosed illnesses was extended until September 30, 2011; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges that legislation be enacted to extend the presumptive period for service connection for ill-defined and undiagnosed illnesses to a reasonable period.

⌘ ⌘ ⌘

RESOLUTION NO. 174

SUPPORT LEGISLATION TO ALLOW ALL VETERANS TO RECOVER AMOUNTS WITHHELD AS TAX ON DISABILITY SEVERANCE PAY

WHEREAS, money received as a result of personal injury or disability is not taxable; and

WHEREAS, disability severance pay is paid to a military member as a result of injury or disease suffered during military service; and

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

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

WHEREAS, the IRS has acquiesced in the District Court holding; and

WHEREAS, the three-year statute of limitations prevents veterans who have been discharged for more than three years from recovering the nontaxable money withheld by the IRS;
NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, strongly supports legislation which would allow all veterans to recover nontaxable income withheld from their disability severance pay, notwithstanding the three-year statute of limitations which would otherwise prevent such recovery.

⌘ ⌘ ⌘

CLAIMS AND APPEALS PROCEDURES

RESOLUTION NO. 024

OPPOSE REGIONAL DISPERSION OF THE BOARD OF VETERANS' APPEALS

WHEREAS, veterans and other claimants for veterans' benefits may appeal erroneous 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) situated adjacent to VA's Central Office and policymaking center 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, indications are that consideration is being given within certain quarters of VA to dismember the Board and scatter its decision makers among the VA field offices or among various regions of the Nation; 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, categorically opposes any decentralization of the Board of Veterans' Appeals.

⌘ ⌘ ⌘

RESOLUTION NO. 025

SUPPORT LEGISLATION TO REQUIRE THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS TO DECIDE EACH OF APPELLANT'S ASSIGNMENTS OF ERROR, DIRECTLY ORDER THE AWARD OF BENEFITS WHERE APPROPRIATE TO REMEDY ERRORS FOUND, AND ACCEPT APPELLANT'S REJECTION OF CONFESSIONS OF ERROR BY THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, Congress passed the Veterans' Judicial Review Act of 1988 (VJRA) and created the United States Court of Veterans' Appeals (currently the U.S. Court of Appeals for Veterans Claims) (the 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 for 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation that would require the Court to decide each assignment of error made by an appellant in an appeal to the Court and to reverse any such errors found; AND

BE IT FURTHER RESOLVED that 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. 026

SUPPORT LEGISLATION TO REVISE THE APPEAL PERIOD FOR DEPARTMENT OF VETERANS AFFAIRS DECISIONS

WHEREAS, Congress has created a benevolent system for the administration of veterans' benefits and services; and

WHEREAS, under this benevolent system, veterans currently have one year to initiate appeals of adverse decisions; and

WHEREAS, current Department of Veterans Affairs (VA) statistics show that more than 40 percent of appeals are filed within one month of the adverse decision and 92 percent are filed within 180 days of such decisions; and

WHEREAS, many VA regional offices will wait until after the one-year appeal period has expired before actively working the claim regardless of when the appeal is received; and

WHEREAS, the Disabled American Veterans has a proposal, the *21st Century Claims Process*, which would improve the timeliness of VA decisions with the implementation of a searchable electronic database for claims; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to revise the appeal period to 180 days, with an automatic extension of 180 days at the request of the veteran, with the implementation of a searchable electronic database for claims.

⌘ ⌘ ⌘

RESOLUTION NO. 028

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 monetary payments without taxation and with protections that ensure they are not diverted into the pockets of 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 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 allowed 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 068

OPPOSE THE IMPOSITION OF TIME LIMITS FOR FILING COMPENSATION CLAIMS

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

WHEREAS, compensation is a benefit available to service-connected 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, no reason other than defeating delayed claims exists for imposition of a statute of limitations on compensation claims; 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 VA's workload; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any change in law to limit the time for filing compensation claims.

⌘ ⌘ ⌘

RESOLUTION NO. 175

SUPPORT REFORM IN THE VETERANS BENEFITS ADMINISTRATION'S DISABILITY CLAIMS PROCESS

WHEREAS, Congress has created a system for the administration of veterans' benefits and services; and

WHEREAS, veterans currently have to wait for extended periods for rating decisions to be made on those claims; and

WHEREAS, some "Duty to Assist" requirements, while protecting veterans rights, may needlessly increase the length of time it takes to process claims and unnecessarily increase the number of hours required to process claims adding to the increasing claims backlog and delays; and

WHEREAS, the VA currently authorizes an appeal election decision period of up to one year before the appeal is adjudicated, yet 92 percent of veterans submit their appeal election letters within the first six months of that one-year time frame; and

WHEREAS, currently, remands from the Board of Veterans' Appeals (Board) due to errors in processing claims are sent back to the Appeals Management Center (AMC), which has a poor record of proper development and also returning them to the Board in a timely manner; and

WHEREAS, changes to the current ineffective claims processing system would provide for a greater level of accountability of the performance of rating specialists by allowing them to correct and learn from their own errors; and

WHEREAS, the current process awards quantity of work rather than both quantity and quality due to the current work credit system; and

WHEREAS, veterans who currently have cases coming up for appeal with the Board must opt out of the VA Regional Offices (VAROs) jurisdiction if they want any new evidence to be considered by the Board; and

WHEREAS, the current process mandates that Supplemental Statements of the Case be crafted each time new evidence is submitted to the VARO until jurisdiction is waived by the veteran; and

WHEREAS, an electronic accessible, searchable database and claims management system capable of converting all claims-related paperwork into secure, official electronic documentation shortly after receipt instead of weeks is essential to both the safeguarding of official records and a necessity in this digital era, and will help to move the claims process into the 21st century; and

WHEREAS, with an electronic, searchable database and claims management system, certain revisions to VA's current practices, regulations and/or laws must be undertaken, such as: revisions in the duty to assist provisions; the length of the appeals period; the ability of the Veterans Benefits Administration to have new evidence considered by the Board unless the veteran requests waiver of VARO jurisdiction; the elimination of the AMC; and full spectrum claims management accountability standards up and down the adjudication process; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation that fulfills the above criteria, significantly reducing the backlog and ensures that all claims are decided correctly the first time.

⌘ ⌘ ⌘

RESOLUTION NO. 177

IMPROVE COLLABORATION BETWEEN THE DEPARTMENTS OF DEFENSE AND VETERANS AFFAIRS ON THE DELIVERY OF SERVICES THROUGH THE INTEGRATED DISABILITY EVALUATION SYSTEM

WHEREAS, the President's Commission on Care for America's Returning Wounded Warriors recommended that the Departments of Defense (DOD) and Departments of Veterans Affairs (VA) "...should create a single, comprehensive, standardized medical examination that the DOD administers. It would serve DOD's purpose of determining fitness and VA's of determining initial disability level;" and

WHEREAS, this examination must be completed as a prerequisite to completing the military separation process with VA responsible for handling this as they have the demonstrated expertise to do so; and

WHEREAS, a Disability Evaluation System (DES) pilot project premised on the Commission's recommendation was launched by the DOD and the VA in 2007; and

WHEREAS, using lessons learned from the DES pilot, DOD and VA are now transitioning from the legacy DES to an Integrated Disability Evaluation System (IDES) in 140 locations, with the goal of expediting the delivery of VA benefits to all out-processing service members; and

WHEREAS, DOD and VA had indicated they have goals to deliver VA benefits to 50 percent of service members within the 295-day (active component) and 305-day (reserve component) targets; and

WHEREAS, no guidance has been issued on how disagreements about service members' ratings will be resolved beyond the Physical Evaluation Board informally requesting that the VA rating office reconsider the case; and

WHEREAS, 30 DAV Transition Service Officers provide regular assistance at 100 military installations as part of a joint VA-DOD Benefits Delivery and Discharge Program, which provides transition assistance to separating service members who incurred disabilities related to their military service; and

WHEREAS, service members participating in IDES do not have similar access to representation from a veterans service organization (VSO) and instead must relying on advisory services of military counsel; and

WHEREAS, most service members undergoing IDES are unaware of the complexities of disability adjudication and retirement systems, their interests in the IDES process would be best served by being represented by an informed service officer of a chartered VSO; and

WHEREAS, we believe all those transitioning from military service to civilian life due to a disability should be afforded the benefit of representation by an advocate before the fact; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges the DOD and VA to take all the steps necessary to deliver VA benefits to 100 percent of service members within the 295-day (active component) and 305-day (reserve component) target; AND

BE IT FURTHER RESOLVED that DOD and VA should develop clear guidance on resolving disagreements about service members' ratings between DOD and VA; AND

BE IT FURTHER RESOLVED that DOD must ensure service members participating in IDES are systematically encouraged to seek representation from a VSO as an option to the advisory services of military counsel.

⌘ ⌘ ⌘

**HOUSING, INSURANCE,
CEMETERIES AND BURIAL**

RESOLUTION NO. 029

EXTEND ELIGIBILITY FOR VETERANS' MORTGAGE 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 special 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 widows and dependents must bear an undue hardship upon the death of such veterans; and

WHEREAS, section 407 of Public Law 111-275, the Veterans Benefits Act of 2010, increased VMLI for disabled veterans from \$90,000 to \$150,000, effective October 1, 2011, and to \$200,000 effective January 1, 2012; 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks the enactment of legislation which would extend VMLI to service-connected veterans who are rated as permanently and totally disabled.

⌘ ⌘ ⌘

RESOLUTION NO. 030

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

WHEREAS, in 1973, the National Cemetery Administration established a burial allowance that provided partial reimbursement for eligible funeral and burial costs, with a payment of \$2,000 for service-connected burial allowance, \$300 for nonservice-connected burial allowance and \$300 for nonservice-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 \$700 for nonservice-connected deaths in Department of Veterans Affairs (VA) facilities, effective October 1, 2011; and

WHEREAS, this same law does 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, 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9 2011, supports legislation to increase the burial allowance payable at a rate equal to that of inflation since 1973 in the case of death due to service-connected disability regardless of the place where the death occurred, and to provide for automatic annual adjustments indexed to the rise in the cost of living.

⌘ ⌘ ⌘

RESOLUTION NO. 031

AMEND THE HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS PROGRAM

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 nonservice-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 his/her disability; and

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

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

THEREFORE, BE IT RESOLVED THAT the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, calls for a reasonable increase to the HISA improvement benefits for veterans.

⌘ ⌘ ⌘

RESOLUTION NO. 070

**SUPPORT LEGISLATION TO PROVIDE FOR WAIVER OF PREMIUMS FOR
SUPPLEMENTAL SERVICE-DISABLED VETERANS' INSURANCE**

WHEREAS, section 1922A(a), title 38, United States Code, provides for supplemental Service-Disabled Veterans' Insurance (S-DVI) for totally disabled veterans, in an amount not to exceed \$20,000; and

WHEREAS, section 1922A(d), title 38, United States Code, provides that, "no waiver of premiums shall be made in the case of any person for supplemental insurance granted under this section;" and

WHEREAS, such prohibition of premium waiver is based on the Servicemen's Indemnity Act of 1951, which states in part, "[t]he amount of insurance placed in force hereunder. . .at the time of the insured's application for waiver hereunder, may not exceed \$10,000" (section 1912(d), title 38, United States Code); and

WHEREAS, such denial of waiver on supplemental Service Disabled Veterans' Insurance for totally disabled veterans constitutes an inequity based on prior established standards; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to allow for the waiver of premiums, for any and all Supplemental S-DVI for totally disabled veterans that may be authorized by existing and future legislation; AND

BE IT FURTHER RESOLVED that the criteria for total disability waiver of premiums, as mandated in section 1912 of title 38, United States Code, be maintained.

⌘ ⌘ ⌘

RESOLUTION NO. 071

PROVIDE AN OPEN PERIOD TO APPLY FOR SERVICE-DISABLED VETERANS' INSURANCE

WHEREAS, service-connected disabled veterans are entitled to apply for Service-Disabled Veterans' Insurance (S-DVI) within two years from the date the Department of Veterans Affairs (VA) grants service connection for any disability; and

WHEREAS, many eligible veterans, due to financial difficulties and problems associated with readjustment to civilian life, did not apply for this insurance within the 2-year eligibility period; and

WHEREAS, many of these service-connected disabled veterans are now prepared and can afford to purchase this insurance but are not able to purchase comparable insurance coverage in the private sector; and

WHEREAS, precedent has been established to extend previously closed "eligibility periods" for certain other VA benefits and services, including insurance; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks the enactment of legislation that would authorize an "open period" for eligible service-connected disabled veterans to apply for coverage under the S-DVI Program.

⌘ ⌘ ⌘

RESOLUTION NO. 074

INCREASE THE FACE VALUE OF SERVICE-DISABLED VETERANS' INSURANCE

WHEREAS, certain veterans are eligible for National Service Life Insurance under section 1922, title 38, United States Code; and

WHEREAS, honorably discharged veterans released from active military duty on or after April 25, 1951, found by the Department of Veterans Affairs to be suffering from a disability or disabilities for which a compensable evaluation would be payable, shall, upon application, be granted insurance by the United States Government under section 1922(a), title 38, United States Code; and

WHEREAS, this insurance is non-participating with no dividends payable; and

WHEREAS, many of these veterans are uninsurable by private insurance companies as a result of their service-connected disabilities; and

WHEREAS, inflation has rapidly increased and diminished the value of the insurance since the maximum was set at \$10,000; and

WHEREAS, Section 401 of Public Law 111-275, the Veterans Benefits Act of 2010, increases Supplemental Service Disabled Veterans Insurance (S-DVI) for totally disabled veterans from \$20,000 to \$30,000, effective October 1, 2011, but does not increase S-DVI coverage for other service-connected disabled veterans with lower disability ratings; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports amendment of section 1922(a), title 38, United States Code, to increase the maximum amount of insurance coverage available under S-DVI.

⌘ ⌘ ⌘

RESOLUTION NO. 124

**REMOVE TWO-YEAR TIME LIMIT FOR REIMBURSEMENT OR DIRECT
PAYMENT OF BURIAL AND FUNERAL EXPENSES**

WHEREAS, claims for reimbursement or direct payment of burial and funeral expenses must be received by VA within two years of internment or cremation of the deceased for nonservice-connected deaths, per section 3.1601(a), title 38, United States Code; and

WHEREAS, this time limit only applies to nonservice-connected deaths; and

WHEREAS, this variance creates a more restrictive standard for those whose deaths do not involve a service connected cause; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes the two-year time limit currently in law and seek legislation to remove this unfair time limit.

⌘ ⌘ ⌘

RESOLUTION NO. 170

PROVIDE INCREASE IN THE SPECIALLY ADAPTED HOUSING GRANT AND SEPARATE TEMPORARY RESIDENCE ADAPTATION GRANTS

WHEREAS, section 2101(a), title 38, United States Code, authorizes a Specially Adapted Housing (SAH) grant to veterans who have incurred service-connected disabilities consisting of loss or loss of use of both lower extremities, total blindness together with loss or loss of use of one lower extremity, or loss or loss of use of one lower extremity together with either the loss or loss of use of an upper extremity or other organic disease that requires use of a wheelchair or the use of braces, crutches, or canes or severe burn injuries; and

WHEREAS, the purpose of this grant is to enable such severely disabled veterans to construct, purchase, or remodel homes with structural features to accommodate special needs; and

WHEREAS, the current \$60,000 maximum amount authorized for this grant, although it can be used up to three times for the aggregate \$60,000 maximum, is insufficient to allow such veterans to make all necessary adaptations and modifications; and

WHEREAS, Public Law 109-233, the Veterans' Housing Opportunity Benefits Act of 2006, authorized the VA to provide Temporary Residence Adaptation (TRA) grants for veterans who have service-connected disabilities for certain combinations of loss or loss of use of extremities and blindness or other organic diseases or injuries when those veterans reside in but do not intend to permanently reside in a residence owned by a family member; and

WHEREAS, assistance may not exceed \$14,000 for veterans who have a permanent and total service-connected disability as a result of the loss or loss of the use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair; and

WHEREAS, the assistance may not exceed \$2,000 for veterans who have a permanent and total service-connected disability rating due to blindness in both eyes with 5/200 visual acuity or less and the disability includes the anatomical loss or loss of use of both hands.

WHEREAS, this grant will be adjusted annually as a result of passage of Public Law 110-289, the Housing and Economic Recovery Act of 2008, based on a cost-of-construction index, but the TRA grant will not; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, LA, August 6-9, 2011, supports legislation which would provide a realistic increase in the grant as well as annual cost-of-living increases; AND

BE IT FURTHER RESOLVED that Congress should separate the TRA grant as a stand-alone program so that the grant amount would not count against the overall grant for SAH.

⌘ ⌘ ⌘

RESOLUTION NO. 176

SUPPORT LEGISLATION TO REDUCE PREMIUMS FOR SERVICE-DISABLED VETERANS' INSURANCE CONSISTENT WITH CURRENT LIFE EXPECTANCY

WHEREAS, the United States Government provides life insurance to servicemembers because the increased hazards of military service make them an unacceptable risk for the commercial insurance market; and

WHEREAS, coverage for servicemembers may be continued after service under policies issued or programs overseen by the Department of Veterans Affairs; and

WHEREAS, the extra-hazard costs of insuring veterans in poorer health by reason of service-connected disabilities should be borne by the Government; and

WHEREAS, Congress created the Service-Disabled Veterans' Insurance (S-DVI) program in 1951 by Public Law 82-23, the Insurance Act of 1951, to provide life insurance to service-connected disabled veterans at standard rates; and

WHEREAS, under Public Law 82-23, S-DVI premiums are based on rates a healthy individual would have been charged when the program was established in 1951, in accordance with 1941 mortality tables as prescribed by section 1922, title 38, United States Code; and

WHEREAS, because life expectancy has improved since the inception of the SDVI program, premiums based on the higher mortality rates of 1941 no longer fulfill congressional intent to provide life insurance to service-connected disabled veterans at standard rates; and

WHEREAS, because service-connected disabled veterans are paying premiums higher than today's standard rates, they are, in effect, subsidizing their own service-connected disabilities; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to amend section 1922 of title 38, United States Code, to provide that SDVI premiums will be based on current mortality tables.

⌘ ⌘ ⌘

RESOLUTION NO. 178

SUPPORT THE USE OF SURPLUS FEDERAL PROPERTIES TO HOUSE HOMELESS VETERANS AND THEIR FAMILIES

WHEREAS, the Department of Veterans Affairs (VA) continues to develop housing opportunities for homeless and at-risk veterans based on their Building Utilization Review and Repurposing initiative, which identified unused and underused buildings at existing VA properties; and

WHEREAS, this repurposing of properties is based on using those with the potential to become new housing opportunities for homeless or at-risk veterans and their families through public-private partnerships and VA's enhanced-use lease program, allowing VA to retain ownership of the land and determine and control its reuse; and

WHEREAS, this project will support VA's goal of ending veteran homelessness by providing safe, affordable, cost-effective, and sustainable housing for veterans on a priority basis; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports efforts to expand housing for homeless veterans and their families through the redevelopment of unused and underused federal buildings.

⌘ ⌘ ⌘

HOSPITAL AND MEDICAL CARE

RESOLUTION NO. 042

AMEND TITLE 38, UNITED STATES CODE, TO PROVIDE DENTAL CARE TO ALL ENROLLED VETERANS WITHIN THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM

WHEREAS, the Disabled American Veterans 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 percent 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, title 38, United States Code, section 1701(9) 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 and cumulative and become more complex over time, and can affect economic productivity and compromise the ability to work, and often significantly diminishes the quality of life; and

WHEREAS, VA maintains oral and dental programs within its health care system; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to amend title 38, United States Code, section 1712, to provide outpatient dental care to all enrolled veterans.

⌘ ⌘ ⌘

RESOLUTION NO. 043

SUPPORT LEGISLATION TO REQUIRE THE PRESIDENT, VICE PRESIDENT AND MEMBERS OF CONGRESS TO RECEIVE HEALTH 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; and

WHEREAS, the President and many members of Congress insist that the Department of Veterans Affairs (VA) health care system is adequately funded; and

WHEREAS, 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 understand the resource needs of VA to enable it to provide timely 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 unequalled 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 medical needs; and

WHEREAS, if the President, Vice President, or member of Congress is a veteran, he or she would be classified into the proper priority group for purpose of receipt of VA medical care; and

WHEREAS, if the President, Vice President, or member of Congress is not a veteran, he or she would be classified as a non service-connected veteran in either Priority Group 7 or 8, depending on their income; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to require the President, Vice President, and Members of Congress to enroll for VA medical care services and receive health care exclusively from the VA health care system.

⌘ ⌘ ⌘

RESOLUTION NO. 047

SUPPORT CONGRESSIONAL FUNDING FOR THE CREATION OF A DEPARTMENT OF VETERANS AFFAIRS REHABILITATIVE SPECIAL EVENTS OFFICE

WHEREAS, the Department of Veterans Affairs (VA) and several Congressionally chartered veterans service organizations cosponsor national rehabilitative special event programs for veterans receiving health care from VA medical facilities; and

WHEREAS, the VA currently has a program within the Office of Public Affairs tasked with oversight of the national rehabilitative special events; and

WHEREAS, these rehabilitative programs, which include the National Disabled Veterans Winter Sports Clinic, National Veterans Wheelchair Games, National Veterans Golden Age Games, National Creative Arts Festival, and the National Veterans Summer Sports Clinic focus on rehabilitation of many severely disabled veterans and, as such, these events should be the responsibility of the Veterans Health Administration, not the Office of Public Affairs; and

WHEREAS, while these programs showcase the preventive and therapeutic values of sports, fitness, and recreation, which are key factors in VA's extensive rehabilitation programs, they are also extremely beneficial to veterans, helping many to overcome or mitigate the physical and emotional impact of severe disabilities; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to create an office within the Veterans Health Administration to oversee these rehabilitative special events and to provide a separate appropriation in the VA budget for the national rehabilitative special events so VA can continue to contribute its share of the funding; AND

BE IT FURTHER RESOLVED that responsibility for rehabilitative special event programs should be transferred from the Office of Public Affairs to the Veterans Health Administration.

⌘ ⌘ ⌘

RESOLUTION NO. 049

SUPPORT A DEPARTMENT OF VETERANS AFFAIRS ALTERNATIVE CARE MODEL PILOT PROJECT FOR VETERANS WITH ALZHEIMER'S DISEASE

WHEREAS, based on prevalence rates, it is estimated that over 550,000 veterans suffer with dementia, including more than 300,000 enrolled for VA health care; and

WHEREAS, Alzheimer's disease is the most common form of dementia accounting for at least 50 percent of cases; and

WHEREAS, veterans with Alzheimer's could benefit from a designated program to address their unique health care needs; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges Congress to authorize an Alzheimer's demonstration project at a Department of Veterans Affairs facility or facilities; AND

BE IT FURTHER RESOLVED that this pilot project be uniquely designed for veterans with Alzheimer's disease, using other than the routine medical or psychiatric care models, and should include Alzheimer's research as an integral part of the veteran's treatment program.

⌘ ⌘ ⌘

RESOLUTION NO. 080

OPPOSE THIRD-PARTY PAYMENTS FOR SERVICE-CONNECTED DISABILITIES

WHEREAS, the Department of Veterans Affairs' (VA's) primary mission is to provide high quality medical care to veterans eligible by reason of their service-connected disabilities; and

WHEREAS, VA is authorized to recover or collect the cost of care from a third-party health insurer when insured veterans receive health care from VA for non service-connected conditions; and

WHEREAS, the collection of payments from a third party for the treatment of veterans' service-connected disabilities would abrogate VA's and the Federal Government's responsibility to provide such care and may result in increased premium payments to veterans; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any legislation that would require VA to recover third-party payments for the care and treatment of a veteran's service-connected disabilities.

⌘ ⌘ ⌘

RESOLUTION NO. 082

**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 disability of service-connected 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 saturation of available capacity because of patient workloads; and

WHEREAS, Disabled American Veterans 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; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports strict enforcement by the 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.

⌘ ⌘ ⌘

RESOLUTION NO. 151

**OPPOSE MEANS TESTING SERVICE-CONNECTED VETERANS FOR
DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE**

WHEREAS, Public Law 104-262 requires zero percent 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 the ability to receive care at 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 zero percent 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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 zero percent service-connected disabled veterans in Priority Group 3.

⌘ ⌘ ⌘

RESOLUTION NO. 182

IMPROVE DEPARTMENT OF VETERANS AFFAIRS PURCHASED CARE PROGRAM

WHEREAS, current law authorizes Department of Veterans Affairs (VA) medical facilities to purchase non-VA care for scarce medical specialists only when VA facilities are incapable of providing necessary care to veterans, when VA facilities are geographically inaccessible to veterans, and in certain emergency situations; and

WHEREAS, non-VA purchased care includes non-VA Emergency Care, Fee Basis, Contract Care, and the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); and

WHEREAS, approximately 40 percent of disabled veteran's enrolled in the VA health care system receive some of their care from a non-VA health care provider; and

WHEREAS, veterans who seek reimbursement from VA are paying for part of their care because VA will at times approve only a portion of the costs of private medical services or inpatient hospital days of care; and

WHEREAS, VA's antiquated and cumbersome Information Technology infrastructure used to manage the authorization, claims processing, and reimbursement for services acquired non-VA purchased care program is a disincentive for private providers to care for service-connected disabled veterans; and

WHEREAS, reimbursement to private providers through Fee program are based on limited rates and have not kept pace with medical inflation; and

WHEREAS, service-connected veterans in the Fee program are unable to receive needed treatment from a private provider due to the amount payable and delayed payment by VA; and

WHEREAS, VA does not currently assign a Care or Case Manager to assist disabled veterans to access and coordinate non-VA care when they must or are authorized to receive such care; and

WHEREAS, the quality of care from private providers and the veterans continuity of care are not monitored, and the care received does not become part of a veterans electronic health record; and

WHEREAS, VA does not track purchased private care for eligible veterans, such as related costs, health outcomes, or veteran satisfaction levels; and

WHEREAS, the complex legislative authority, decentralized structure, and the inadequate funding to local VA facilities for non-VA purchased care continue to erode the effectiveness of this necessary health-care benefit; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges Congress and the Administration to conduct strong oversight of the non-VA purchased care program to ensure service-connected disabled veterans are not encumbered in receiving non-VA care at VA's expense; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges VA to establish a non-VA purchased care coordination program that complements the capabilities and capacities of each VA medical facility and includes care and case management, non-VA quality of care and patient safety standards equal to or better than VA, timely claims processing, adequate reimbursement rates, health records management and centralized appointment scheduling.

⌘ ⌘ ⌘

RESOLUTION NO. 183

SUPPORT CONGRESSIONAL OVERSIGHT AND FEDERAL VIGILANCE TO PROVIDE FOR RESEARCH, HEALTH CARE AND IMPROVED SURVEILLANCE OF DISABLING CONDITIONS RESULTING FROM MILITARY TOXIC AND ENVIRONMENTAL HAZARDS EXPOSURES

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 mustard gas, herbicides, pesticides, cold and other adverse weather conditions, 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and VA to determine validations of, and develop equitable compensation policy for, environmentally exposed veterans, respectively; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans 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 serving in the armed forces of the United States; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges greater collaboration between 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 the Disabled American Veterans 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, that the biomedical research and development programs of the Department are fully addressing their needs.

⌘ ⌘ ⌘

RESOLUTION NO. 184

PROVIDE ADEQUATE SUPPORT TO STATE VETERANS HOMES BY SUPPORTING THE PER DIEM PROGRAM, THE CONSTRUCTION GRANT PROGRAM AND CHANGES IN HOW THE DEPARTMENT OF VETERANS AFFAIRS REIMBURSES STATE HOMES FOR CARE OF SEVERELY DISABLED VETERANS

WHEREAS, State Veterans Homes were founded for Union soldiers and sailors following the American Civil War, and have ably served veterans for nearly 150 years; and

WHEREAS, under title 38, United States Code, the Department of Veterans Affairs (VA) is authorized to make aid payments to States that maintain State Veterans Homes, and to make grants to States for their construction and major improvements; and

WHEREAS, currently there are 142 State Veterans Homes, most as member institutions of the National Association of State Veterans Homes (NASVH), in all States and in Puerto Rico, that provide hospital, skilled nursing, rehabilitation, long-term care, dementia and Alzheimer's care, domiciliary care, respite care, end of life care, and adult day health care, daily to almost 30,000 veterans and their dependents; and

WHEREAS, Title 38, United States Code, authorizes VA to make per diem payments to the States for veterans residing in State Veterans Homes, and the State Veterans Home program is recognized as the lowest-cost among all institutional nursing care alternatives used by VA; and

WHEREAS, Title 38, United States Code, authorizes VA to pay a per diem payment up to 50 percent of the national average cost of care in State Veterans Homes; and

WHEREAS, under the State Extended Care Facilities Grant Program the federal government provides grants to cover up to 65% of the cost to construct, expand, rehabilitate or repair a State Home, with States required to cover a minimum of 35% of the cost of projects in matching funding; and

WHEREAS, Section 211 of Public Law 109-461, the Veterans Benefits, Health Care, and Information Technology Act of 2006, required VA to reimburse State Veterans Homes for the full cost of care provided to veterans with 70% or higher service-connected disabilities or who require nursing home care for service-connected disabilities; and

WHEREAS, the final regulations implementing Section 211 of Public Law 109-461 did not achieve the intent of Congress to create a new option for long term care for the most seriously disabled service-connected veterans, and as a result some State Homes already providing such care faced reductions in their federal reimbursements, thereby threatening their continued financial viability, while other State Homes have refrained from admitting veterans with service-connected disabilities under this arrangement; and

WHEREAS, the National Association of State Veterans Homes has been working with VA for two years since the promulgation of these regulations to arrive at a mutually agreeable solution to implement the intent of Congress to provide an additional, and financially viable option for the most severely disabled veterans seeking long term care; and

WHEREAS, recognizing the growing long-term health care needs of elder veterans, the State Veterans Home program will increasingly serve a vital purpose and will continue to be a major partner with VA in meeting the health care needs of aging veterans; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports an adequate VA per diem payment to State Homes of not more than 50 percent of the national average cost of providing care in a State Veterans Home, as authorized by law; AND

BE IT BE IT FURTHER RESOLVED that the Disabled American Veterans supports sufficient funding for the State Home Construction Grant Program; AND

BE IT BE IT FURTHER RESOLVED that the Disabled American Veterans supports legislation to allow States more flexibility in caring for veterans with service-connected disabilities at State Veterans Homes as Congress intended with the enactment of Public Law 109-461; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges the President and Congress to pledge their full support to the State Veterans Home program because that program is the most cost-effective institutional nursing care alternative available to VA for sick and disabled veterans with long-term care needs.

⌘ ⌘ ⌘

RESOLUTION NO. 185

SUPPORT EQUAL MEDICAL SERVICES AND BENEFITS FOR WOMEN VETERANS

WHEREAS, there are over 1.8 million women veterans comprising eight percent of all veterans nationwide with 200,000 women currently serving in the armed forces; and

WHEREAS, the number of women serving in the United States military has increased during Operations Enduring and Iraqi Freedom (OEF/OIF), and last year alone, according to the Veterans Health Administration (VHA), VA experienced a 20 percent increase in the number of women using VA health care, compared to 17 percent increase over the previous 6 years combined; and

WHEREAS, women constitute the fastest growing segment of new users in the VA health care system with women representing 6 percent of all veterans who use VA health care services; and the number of women veterans using VA health care has doubled in the last decade; and

WHEREAS with a majority of the new women veteran users of VA care being under the age of 30 and of child-bearing age, these women's needs represent new challenges to the current model and delivery of VA health care, which has traditionally focused on men; and

WHEREAS, the VA 2008 Report of the VA Under Secretary for Health Workgroup on Provision of Primary Care to Women Veterans identified a number of critical issues related to the delivery of health care in the VA health care system including the systemic fragmentation of primary care delivery for women; too few proficient, knowledgeable providers with expertise in women's health and a number of identified outpatient quality disparities for women veterans; and

WHEREAS, a March 2010 Government Accountability Office (GAO) report confirmed many deficiencies in VA health care still exist for women veterans including the ability to fully ensure privacy and a safe comfortable environment for women veterans at all VA facilities and suggested VA revise key policies and improve oversight; and

WHEREAS, many women seeking VA health care find certain services difficult to obtain or health care personnel unprepared to understand or deal with their unique health care needs; and

WHEREAS, the OEF/OIF population has been studied and it has been determined that women OEF/OIF veterans are more likely to use VA services than their male counterparts, with 52 percent of women OEF/OIF veterans having receiving VA health care, indicating the need for improved quality, comprehensive and gender-specific care services for women within the VA health care system; and

WHEREAS, significant numbers of women veterans, including those returning from military deployments, are the primary caregivers or sole caregivers of dependent children, which limits 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, increasing numbers of women are serving in combat theaters and seeking VA health care services following military service; therefore, VA must be prepared to anticipate the specialized 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, although it is anticipated that many of the medical problems for men and women veterans returning from combat operations will be similar, VA must address the specific health issues and barriers to care that pose special challenges for women; and

WHEREAS; an alarming number of women report military sexual trauma and need specialized mental health services from VA; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6 - 9, 2011, seeks to ensure the provision of health care services, inclusive of gender-specific services, by VA to eligible women veterans are provided to the same degree and extent that services are provided to eligible men veterans, inclusive of counseling and/or psychological services incident to combat exposure or sexual trauma; AND

BE IT FURTHER RESOLVED that we urge 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, review its women's health programs, and seek innovative methods to address their barriers to care, thereby better ensuring women veterans receive the quality treatment and specialized services they so rightly deserve.

⌘ ⌘ ⌘

RESOLUTION NO. 186

SUPPORT ENHANCEMENT OF LONG-TERM HEALTH CARE TO SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, historically the Department of Veterans Affairs (VA) occupied a leadership position in fostering many long-term care 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, gero-psychiatry and chronic illnesses prevalent in the elderly veteran population; and

WHEREAS, today tens of thousands of service-connected veterans depend on the VA to meet their health care needs in post-acute and long-term care settings; and

WHEREAS, there is also a subset of service-connected veterans with chronic and terminal illnesses who need long-term care and will need institutional placements; and

WHEREAS, VA estimates that by 2012, the number of veterans aged 85 or older will rise from 337,000 to approximately 741,000, an increase of 120 percent; and

WHEREAS, as our nation's veteran population ages, VA will face an ever increasing demand for long-term care services of all kinds; and

WHEREAS, in 1996 the Veterans' Health Care Eligibility Reform Act, Public Law 104-262, reformed eligibility for VA health care toward a more holistic approach in providing service-connected disabled veterans a lifetime of care, but did not appreciably alter veterans' eligibility for VA *institutional* long-term care services; and

WHEREAS, in 1999, the Veterans Millennium Health Care and Benefits Act, Public Law 106-117, significantly enhanced VA's non-institutional long-term care services and required such services be provided to any veteran for a service-connected disability and to any veteran who is service connected 50 percent or greater disabling, yet VA is only required to provide institutional long-term care to any veteran for a service-connected disability and to any veteran who is service connected 70 percent or greater; and

WHEREAS, unresolved long-term care policy issues within Congress, the VA leadership, and the Office of Management and Budget leave VA facilities to determine locally their own mix of institutional and non-institutional approaches in providing long-term care, thereby relegating long-term care to a "second tier" of health care service and expectations within the VA system; and

WHEREAS, the success of non-institutional and home-based long-term care is critically dependent on the ability of veterans' caregivers, whether they be family or friends, to assist in their care; and

WHEREAS, VA long-term care services, especially alternative, non-bed, community- and home-based programs, are not uniformly available in all VA health care facilities; and

WHEREAS, the present state of VA's long-term care program is now lagging behind its rich history as an early leader in caring for aging veterans, and is in danger of falling behind non-VA health care systems

WHEREAS, VA has not optimized its relationship with State veterans homes to ensure veterans in need of institutional and alternative forms of long-term care may avail themselves of State home facilities to consider all options for its provision; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to expand the comprehensive program of long-term care services for service-connected disabled veterans regardless of their disability ratings, and urges VA, in conjunction with key stakeholders, including other federal agencies and the States, to develop a strategic long-term care plan to invigorate and re-engineer VA-operated, purchased, and subsidized long-term care services.

⌘ ⌘ ⌘

RESOLUTION NO. 187

SUPPORT ENHANCEMENT OF MEDICAL SERVICES THROUGH MODERNIZATION OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE INFRASTRUCTURE

WHEREAS, the Veterans Health Administration of the Department of Veterans Affairs (VA) is the largest integrated health care system in the United States, with over 1,400 sites of care, including comprehensive medical centers, community-based outpatient clinics (CBOCs), nursing homes, readjustment counseling “Vet Centers,” residential rehabilitation treatment programs, and other facilities for the delivery of health care; and

WHEREAS, the majority of VA’s capital infrastructure was designed and built under an earlier concept of health care delivery founded on centralized hospital inpatient episodes of care; and

WHEREAS, VA needs to modernize its health care system and programs to meet veterans’ current and future health care needs while providing optimal efficiency and enhanced access to the system of care; and

WHEREAS, the conclusion of the Capital Asset Realignment for Enhanced Services (CARES) initiative visualized a need for over \$1 billion annually in VA major medical facility construction, over a period of several years, to make VA health care a modern and accessible system for the care of sick and disabled veterans; and

WHEREAS, VA has internally identified needs for more than \$10 billion in capital facilities improvements and new construction in the post-CARES years; and

WHEREAS, the fiscal year 2010 VA Major and Minor Construction appropriations act provided \$1.9 billion, \$127 million above the President’s request and \$256 million above the 2009 appropriated level; and

WHEREAS, for fiscal year 2012, the President proposed only \$1.2 billion for all VA construction accounts, \$500 million less than the fiscal year 2010 appropriated level; and

WHEREAS, as of April 2011, the wars in Iraq and Afghanistan have produced 654,348 injured and ill war veterans who have enrolled in VA health care and who will need a variety of comprehensive VA health care services for decades, alongside the existing enrolled veteran population of over 8.3 million individuals from earlier service periods and wars; and

WHEREAS, given VA’s expected continuing costs for new major medical facility construction, consolidation and modernization, VA is considering plans to revise its construction policy to emphasize primary and specialty outpatient services, with complex and intensive inpatient services to be provided through affiliated arrangements with non-VA institutions and other private partners; and

WHEREAS, VA has adopted “Strategic Capital Investment Planning” (SCIP) as its primary means of projecting capital needs and budgets beginning in fiscal year 2012; and

WHEREAS, the VA’s primary mission is to meet the needs of sick and disabled veterans through complex inpatient and rehabilitative hospital care, outpatient primary and specialty care, therapeutic residential care, and long-term care, in government facilities operated by VA for the exclusive benefit of veterans; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention, assembled in New Orleans, Louisiana, August 6-9, 2011, urges VA to continue its efforts to request adequate funding in future budgets to ensure at minimum that VA fulfills the intent of its CARES initiative while examining other needs beyond those identified within the five-year period of the CARES initiative with the SCIP methodology; AND

BE IT FURTHER RESOLVED that Congress should carefully monitor any intended VA changes in infrastructure that could jeopardize VA’s ability to meet veterans’ needs for specialized VA medical care and rehabilitative services, or be the cause of diminution of VA’s established graduate medical and other health professions education and biomedical research programs, consequential to deployment of any new facilities model of health care delivery; AND

BE IT FURTHER RESOLVED that Disabled American Veterans urges Congress to continue to provide appropriated funding sufficient to fulfill the needs for infrastructure identified through the CARES process, plus any other infrastructure needs VA identifies and justifies through the SCIP program.

⌘ ⌘ ⌘

RESOLUTION NO. 188

CONGRESS AND THE ADMINISTRATION MUST ASSURE FULL IMPLEMENTATION OF LEGISLATION TO GUARANTEE SUFFICIENT, TIMELY AND PREDICTABLE FUNDING FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROGRAMS

WHEREAS, the Disabled American Veterans (DAV) believes that sick and disabled veterans, through their extraordinary sacrifices and service, earned the right to health care provided by the Department of Veterans Affairs (VA); and

WHEREAS, VA health care programs provide essential services for six million veterans annually, including more than 2 million service-connected disabled veterans who rely on VA as their primary health care provider; and

WHEREAS, demand for VA health care services has grown dramatically, with enrollment rising from less than 2 million to more than 8.3 million veterans over the past 15 years, thereby requiring greater VA resources to meet this demand; and

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

WHEREAS, DAV developed and supported new legislation to assure 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, spurred by DAV, Congress enacted Public Law 111-81, the Veterans Health Care Budget Reform and Transparency Act, a law that requires advance appropriations for certain VA health care programs; and

WHEREAS, Public Law 111-81 requires VA to provide two-year budget estimates for health care programs, including the reasons and bases under those estimates, and also requires the Government Accountability Office (GAO) to report on VA's budget estimates for health care programs, including examination of internal funding estimates forecast by VA's actuarial model; and

WHEREAS, in order to fully implement the advance appropriations law, VA must provide detailed estimates of its budgetary needs for medical care services each fiscal year for the following two fiscal years; and

WHEREAS, GAO must study and report to Congress and the public each VA budget submission, including an evaluation of VA's budget estimates compared to the forecasts made by VA's internal forecasting model; and

WHEREAS, Congress must enact an advance appropriation each year for VA medical services accounts; and

WHEREAS, the level of funding provided under an advance appropriation may from time-to-time need to be adjusted since the advance fiscal year becomes the next fiscal year, both because newer data may change VA's budget forecasts, as well as to provide funding for newly authorized or expanded health care programs enacted into law after the approval of a particular year's advance appropriation; and

WHEREAS, DAV as well as the Congressional sponsors of the advance appropriations concept anticipated that full implementation of Public Law 111-81 would require continued oversight from Congress, as well as by the interested veterans service organizations, including DAV; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, calls on Congress and the Department of Veterans Affairs to take all actions necessary to ensure full implementation of Public Law 111-81, the Veterans Health Care Budget Reform and Transparency Act.

⌘ ⌘ ⌘

RESOLUTION NO. 189

ADEQUATELY FUND AND SUSTAIN THE SUCCESSFUL READJUSTMENT COUNSELING SERVICE OF THE DEPARTMENT OF VETERANS AFFAIRS AND ITS HIGHLY EFFECTIVE “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 VA opened the first “Vet Center” to provide readjustment services and psychological counseling to Vietnam combat veterans suffering from post-traumatic stress disorder and other conditions related to combat exposure and their experiences in Vietnam; and

WHEREAS, the Vet Centers, now today numbering nearly 300 locations nationwide, have proven to be a most useful and effective tool to assist veterans suffering from psychological problems primarily associated with combat exposure and the psychological effects on individual veterans engaged in such military activities, as well as their immediate family members; and

WHEREAS, the Vet Center program has been most 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 now veterans of combat service in Operations Enduring and Iraqi Freedom; and

WHEREAS, Vet Centers lead all 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, the Readjustment Counseling Service and its Vet Centers provide a cost-effective and highly beneficial service to veterans of all eras, as well as to their families when counseling family members is beneficial to the recovery of the veteran; and

WHEREAS, Vet Centers, in cooperation with the U.S. Army Casualty Assistance Office, are providing sensitive bereavement counseling services to immediate families of thousands of military service personnel who lost their lives in Operations Enduring and Iraqi Freedom; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, commends the work of the Readjustment Counseling Service and of its Vet Centers of the Department of Veterans Affairs, and encourages the Vet Centers to maintain their level of excellence in caring for combat veterans; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges the President, the Secretary of Veterans Affairs, and the Congress of the United States, to ensure sufficient, timely and predictable funding for the Readjustment Counseling Service, to enable its Vet Centers to continue expanding and extending their rehabilitative and readjustment services, including in more rural communities, to veterans of past, present and future military service, and to their family members when necessary to aid in the recovery of veterans suffering the latent effects of combat exposure.

⌘ ⌘ ⌘

RESOLUTION NO. 190

SUPPORT LEGISLATION TO ESTABLISH A COMPREHENSIVE PROGRAM FOR TRAUMATIC BRAIN INJURY REHABILITATION AND REQUIRE THE DEPARTMENTS OF DEFENSE AND VETERANS AFFAIRS TO COLLABORATE TO ENSURE PROPER SCREENING, DIAGNOSIS AND TREATMENT FOR ALL VETERANS WITH POSSIBLE TRAUMATIC BRAIN INJURY

WHEREAS, traumatic brain injury (TBI) has been called the signature injury of the wars in Afghanistan and Iraq; and

WHEREAS, blast injuries from improvised explosive devices (IEDs) that shake or compress the brain within the skull often cause devastating and permanent damage to brain tissue; and

WHEREAS, veterans with severe TBI and polytrauma will require extensive rehabilitation and life-long personal and clinical support, including neurological, medical and psychiatric services, and physical, psycho-social, occupational, and vocational therapies, and

WHEREAS, VA must ensure programs are adapted to meet the unique needs of the newest generation of combat service personnel and veterans, while VA continues to address the needs of older veterans with severe physical disabilities as well as post traumatic stress disorder (PTSD) and other combat-related mental health challenges; and

WHEREAS, VA reports that it is tailoring its programs to meet the unique needs of severely injured Operation Enduring Freedom and Operation Iraqi Freedom veterans by assigning case managers to each TBI and polytrauma patient and putting a greater emphasis on understanding the problems of families during the initial care and long-term rehabilitation of these patients; and

WHEREAS, we remain concerned about capacity and whether VA has the resources and staff necessary to provide intensive rehabilitation services, treat the chronic physical, emotional and behavioral problems that would be benefitted by long-term therapeutic residential facilities, and to fully support families and caregivers of these seriously brain-injured veterans; and

WHEREAS, TBI can also be caused without any apparent physical injuries when a veteran is in the vicinity of an IED detonation; and

WHEREAS, veterans suffering from the milder form of TBI may experience a variety of symptoms including headaches, irritability, sleep disorders, memory problems and depression; and

WHEREAS, emerging literature strongly suggests that even mild TBI may have long-term mental health and medical consequences and symptoms are often comorbid 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 DoD and VA have not developed systemic and proven methodologies to identify, treat, document and monitor individuals who sustain mild-to-moderate TBI, in particular those with the mild version; and

WHEREAS, a 2008 RAND Corporation study recommended “a substantial, coordinated, and strategic research effort,” to close the significant gaps in knowledge that exist in understanding the prevalence, prognosis, effective treatment, and costs of addressing needs of veterans with traumatic brain injury; and

WHEREAS, veterans with TBI and polytrauma benefit from the joint Defense and Veterans Brain Injury Center, a collaboration that provides clinical care, education and research for active duty personnel and veterans with TBI; and

WHEREAS, more than half of U.S. servicemembers seriously injured in Iraq or Afghanistan and admitted to Walter Reed Army Medical Center suffer from TBI; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation that would require VA and DoD to coordinate efforts to address mild and moderate TBI and concussive injuries and establish a comprehensive rehabilitation program, including establishment of therapeutic residential facilities, and deployment of standardized protocols utilizing appropriately formed clinical assessment techniques to recognize and treat neurological and behavioral consequences of all levels of TBI and all generations of veterans who suffer the lingering effects from earlier injuries; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges that any TBI studies or research undertaken by VA and DoD for the current generation of TBI-injured veterans include older veterans of past military conflicts who may have suffered similar injuries that went undetected, undiagnosed, and untreated.

⌘ ⌘ ⌘

RESOLUTION NO. 191

SUPPORT LEGISLATION TO REPEAL COPAYMENTS FOR MEDICAL CARE AND PRESCRIPTIONS IN DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE (TRICARE)

WHEREAS, through service to their Nation in which they made extraordinary sacrifices and contributions, veterans have earned the right to certain benefits in return; and

WHEREAS, because of the patriotism, devotion, and sacrifices of our veterans, ours is the most free nation on earth where our citizens enjoy unequalled rights, privileges, and prosperity; and

WHEREAS, as the beneficiaries of veterans' service and sacrifice, the citizens of our grateful nation 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, copayments are a feature of health care systems in which some costs are shared by the insured and the insurer in a contractual relationship between the patient and the for-profit company, or of health care through other Government programs in which the beneficiary has not earned any right to have the costs of health care benefits fully borne by taxpayers; and

WHEREAS, since the seminal RAND Health Insurance Experiment, which gave rise to the use and increase of copayments, deductibles, and coinsurance rates to reduce health expenditures, research has questioned the adverse effects of copayments 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 health care system under urgent circumstances and as a temporary necessity to contribute to reduction of the Federal budget deficit; and

WHEREAS, Congress has forgotten or abandoned the traditional benevolent philosophy of providing free benefits to veterans as repayment for the unusual rigors, risks, and personal deprivation they underwent for the good of our country; and

WHEREAS, Congress has made copayments a permanent feature of some veterans' health care services, and

WHEREAS, based on practices in the private sector, the Secretaries of Veterans Affairs and Defense in the recent past, moved to dramatically increase copayments and fees for medical care and prescription medications, as if operating a commercial enterprise; and

WHEREAS, as a continuing cost of national defense and as our Nation's foremost moral obligation, veterans' benefits must remain a first priority of our Government; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention, assembled in New Orleans, Louisiana, August 6-9, 2011, calls for legislation to repeal all copayments for military retirees' and veterans' medical services, prescribed medication, and disposable and durable medical equipment and supplies.

⌘ ⌘ ⌘

RESOLUTION NO. 192

SUPPORT LEGISLATION TO EXTEND ELIGIBILITY TO THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, children of certain veterans are provided medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) program; 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 dependents are not eligible for DoD TRICARE benefits, and

WHEREAS, the eligibility of a child for CHAMPVA ends at the age of 18, unless enrolled in an accredited school as a full-time student, at the age 23 as a full-time student, marries, or as a stepchild and no longer lives in household of the sponsor; and

WHEREAS, current law requires private health plans and insurers to offer coverage to adult children of beneficiaries 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 have paid the ultimate sacrifice should not be penalized or otherwise not be allowed to enjoy the same right and privileges as other citizens of a grateful nation; and

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to extend the eligibility of a qualifying veteran's child for CHAMPVA; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans support legislation to extend eligibility for CHAMPVA until an eligible child's graduation from an approved course of full-time education.

⌘ ⌘ ⌘

RESOLUTION NO. 193

SUPPORT THE PROVISION OF COMPREHENSIVE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SERVICES TO ENROLLED VETERANS

WHEREAS, it is the policy of the Disabled American Veterans 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, it is the conviction of the Disabled American Veterans 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, 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 sufficient funding; and

WHEREAS, in the past, because of restricted appropriations levels, 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 alternative and complementary care such as yoga, massage, acupuncture, chiropractic and other non-traditional 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;
- Furnish the gender-specific, quality and quantity of services necessary to meet the needs of a growing population of women veterans;
- Provide all medications, supplies, prosthetic devices and over-the-counter medication necessary for the proper treatment of service-connected disabled veterans;
- Preserve 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 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; and
- Maintain a strong and veteran-focused research program; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 194

ENSURE TIMELY ACCESS TO QUALITY HEALTH CARE AND MEDICAL SERVICES

WHEREAS, sick and disabled veterans' demands for care at many Department of Veterans Affairs (VA) facilities have overwhelmed VA's current capacity; and

WHEREAS, given VA's limited resources, in some cases, VA is forced to ration care leaving many of its 8.5 million enrolled veterans to wait long periods for primary, specialty, and dental care appointments; and

WHEREAS, VA does not currently have a reporting system that accurately measures waiting times and creates auditable data to properly manage its health care capacity and identify additional resources needed to ensure timely access to VA care; and

WHEREAS, VA should identify and immediately correct the underlying problems that contribute to excessively long waiting times for primary, specialty, and dental care for veterans in VA facilities nationwide; 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; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges the VA to request sufficient resources and staff to reduce waiting times so sick and disabled veterans can achieve timely access to all medically necessary services within the VA health care system.

⌘ ⌘ ⌘

RESOLUTION NO. 195

SUPPORT LEGISLATION TO PROVIDE COMPREHENSIVE SUPPORT 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 historically were involved early in the care and rehabilitation of severely injured veterans, especially when that care was being provided in DoD and VA facilities, but these caregivers received little to no relief; and

WHEREAS, families or other individuals caring for severely wounded and disabled veterans must shoulder a great and lifelong burden as home and institutional caregivers and attendants, often giving up or severely restricting employment, retirement, education and social interactions that are taken for granted in the normal course of life, and suffering severe financial and personal penalties as a consequence of that attendance, in order to care for a severely disabled loved one; and

WHEREAS, in the absence of such caregivers, the burden of direct care would fall on institutions and other DoD and VA facilities, at significantly higher financial cost and a reduced quality of life for severely injured 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 severely disabled as a consequence of that service; and

WHEREAS, Public Law 111-163 requires VA to establish two distinct and unequal caregiver assistance programs where eligibility is based primarily on when the veteran was injured rather than the needs of the caregiver; and

WHEREAS, in equity and fairness, caregivers of severely injured veterans should be afforded generous relief, assistance, and care for the duration of the lives of veterans injured in military service to our Nation; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports full and timely implementation of Public Law 111-163 to provide comprehensive supportive services to caregivers of veterans severely injured, wounded or ill from military service; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans supports legislation that would expand eligibility for comprehensive caregiver support services, including but not limited to financial support, health and homemaker services, respite, education and training and other necessary relief, to caregivers of veterans from all eras of military service.

⌘ ⌘ ⌘

RESOLUTION NO. 196

SUPPORT LEGISLATION OR POLICY CHANGES TO AUTHORIZE SCHOLARSHIPS FOR NEW MENTAL HEALTH PRACTITIONERS IN EXCHANGE FOR COMMITMENTS TO SERVE VETERANS IN COMMUNITY-BASED OUTPATIENT CLINICS AND READJUSTMENT COUNSELING VET CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, the nation faces a looming shortage of practitioners in mental health, including physicians, nurse practitioners, psychologists, 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 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 have their health care needs neglected by the VA because VA lacks the capacity to serve them; and

WHEREAS, recent public laws have authorized VA to expand the types and numbers of mental health and other services 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 sick and disabled veterans; and

WHEREAS, VA's 768 Community-Based Outpatient Clinics and 300 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 197

PROTECT VETERANS FROM EMPLOYMENT DISCRIMINATION WHEN SEEKING HEALTH CARE FOR SERVICE-CONNECTED CONDITIONS

WHEREAS, many of this nation's young men and women have answered the call to serve in the Armed Forces; and

WHEREAS, Congress, through the Uniformed Services Employment and Reemployment Rights Act (USERRA), provides protection from employment discrimination for persons to perform military duty; and

WHEREAS, the Uniformed Services Employment and Reemployment Rights Act requires employers to release employees to perform military duty; and

WHEREAS, many of the soldiers, airmen, sailors, and marines who perform military duty sustained service-connected disabilities; and

WHEREAS, under USERRA, employers are required to make reasonable accommodations regarding these disabilities, however, currently employers are not specifically required by law to allow veterans with service-connected disabilities to be absent from the workplace to receive treatment for these disabilities; and

WHEREAS, necessary medical care can be provided through the Department of Veterans Affairs health care system or a private provider for service-connected veterans; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges Congress to extend protection under the Uniformed Services Employment and Reemployment Rights Act to encompass treatment of service-connected disabilities at Department of Veterans Affairs health care facilities or other private health care facilities.

⌘ ⌘ ⌘

RESOLUTION NO. 198

SUPPORT REDUCTION OF REQUIRED COPAYMENTS FOR MEDICATIONS PRESCRIBED BY DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS FOR VETERANS TO BE EQUAL TO OR LESS THAN COPAYMENTS CHARGED BY PRIVATE SECTOR PHARMACEUTICAL SOURCES

WHEREAS, the Disabled American Veterans has approved a longstanding resolution opposing copayments for medical care and prescription medications for military retirees and veterans; and

WHEREAS, the Department of Veterans Affairs (VA) has periodically increased medication copayments, from the original charge of \$2.00, to \$9.00 per 30-day supply of each prescribed medication for some enrolled veterans; 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, numerous private sector commercial pharmaceutical outlets make medications available for much lower copayments than VA charges veterans in VA care, in some cases as little as \$4.00 per 30-day supply; and

WHEREAS, in many instances VA clinicians prescribe over-the-counter medications to veterans that would cost far less if purchased in a commercial pharmaceutical outlet (but also including VA’s own Veterans Canteen Service) than charges in copayments for the same medications; and

WHEREAS, VA medication copayments cause an undue financial hardship for many sick and disabled veterans who need relief due to their high health care costs and fixed incomes; and

WHEREAS, although DAV adamantly opposes health care and medication copayments for military retirees and veterans, DAV believes VA should not charge veterans required copayments that exceed copayments charged by large commercial pharmaceutical sources, and should not charge copayments that exceed the full retail prices of prescribed over-the-counter medications that are sold in the Veterans Canteen Service; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National convention in New Orleans, Louisiana, August 6-9, 2011, 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 private sector commercial outlets to veterans and non-veterans; AND

BE IT FURTHER RESOLVED that Congress should prohibit VA from charging medication copayments that exceed the retail cost of over-the-counter medications sold by Veterans Canteen Service retail stores.

⌘ ⌘ ⌘

RESOLUTION NO. 199

SUPPORT REPEAL OF BENEFICIARY TRAVEL PAY DEDUCTIBLE FOR SERVICE-CONNECTED DISABLED VETERANS AND INCREASE AND SUSTAIN BENEFICIARY TRAVEL REIMBURSEMENT RATES

WHEREAS, the Secretary of the Department of Veterans Affairs (VA) is authorized under section 111 (g)(1) of title 38, United States Code, to pay a travel allowance to certain service-connected veterans for VA examination, medical treatment, or care; and

WHEREAS, Public Law 110-387 required VA to reduce to \$3.00 and freeze the 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 will now receive a flat rate of 41.5 cents per mile for all travel effective November 17, 2008; and

WHEREAS, service-connected disabled veterans eligible for beneficiary travel should not have 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 a service-connected condition and service-connected veterans rated 30 percent 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, 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 a VA facility for a covered purpose; and

WHEREAS, after analyzing and adopting the findings of the Internal Revenue Service (IRS) report on the mileage rates 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 is 55 cents per mile; and

WHEREAS, VA continues to maintain that increasing veterans' beneficiary travel 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, VA should not have to choose between providing direct medical care services to sick and disabled veterans or providing adequate beneficiary travel payments so that veterans can gain access to their medical appointments for treatment; and

WHEREAS, when rates do not cover the cost of travel, veterans without resources are likely to delay health care delivery until their needs may be critical resulting in higher healthcare costs and poorer health status; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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 the Disabled American Veterans urges 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 the Disabled American Veterans urges VA to include a line item 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.

§ § §

RESOLUTION NO. 200

SUPPORT PROGRAM IMPROVEMENT AND ENHANCED RESOURCES FOR DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH PROGRAMS TO ACHIEVE READJUSTMENT OF NEW WAR VETERANS AND CONTINUED EFFECTIVE MENTAL HEALTH CARE FOR ALL ENROLLED VETERANS NEEDING SUCH SERVICES

WHEREAS, current research findings indicate that war veterans from Operations Enduring and Iraqi Freedom (OEF/OIF) are at higher risk for post traumatic stress disorder (PTSD) and other mental health challenges; and

WHEREAS, the Department of Veterans Affairs (VA) reports that veterans of these current wars have sought care for a wide range of medical and psychological conditions, including mental health conditions, such as adjustment disorder, anxiety, depression, PTSD, and the effects of substance abuse; and

WHEREAS, as of April 2011, VA reported that of the 654,348 separated OEF/OIF veterans who have sought VA health care since fiscal year 2002, a total of 331,554 unique patients had received a diagnosis of a possible mental health disorder and over 177,149 of the enrolled OEF/OIF veterans had a probable diagnosis of PTSD (not including veterans seen at VA's Vet Centers or those not enrolled in the VA health care system); and

WHEREAS, VA has improved access to mental health services at its 800-plus community-based outpatient clinics (CBOCs), 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 VA substance-use disorder programs of all kinds, including inpatient detoxification and 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, VA is establishing new Vet Centers to meet increasing demand for readjustment counseling services; however, we are concerned that VA staffing should also be increased in existing centers to ensure all veterans—including previous generations of war veterans—who need help at VA Vet Centers can gain ready access to readjustment services; and

WHEREAS, the Department of Defense and 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; and

WHEREAS, suicide is a special concern among recently deployed veterans returning from Iraq and Afghanistan with several reports in the media that veterans who subsequently

committed suicide had sought care at VA but had been placed on waiting lists inappropriately;
NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National convention in New Orleans, Louisiana, August 6-9, 2011, supports program improvement and enhanced resources for Department of Veterans Affairs (VA) mental health programs, including its Vet Centers, to achieve readjustment of new war veterans and continued effective mental health care for all enrolled veterans needing such services.

℘ ℘ ℘

RESOLUTION NO. 201

**SUPPORT FULL FUNDING AND RESOURCES FOR POLYTRAUMA UNITS AT
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS**

WHEREAS, catastrophically injured veterans returning home from Operations Enduring and Iraqi Freedom are transferred to one of five polytrauma rehabilitation centers within the Department of Veterans Affairs (VA) located in Tampa, Richmond, Minneapolis, San Antonio and Palo Alto, for intensive care and long-term restoration and rehabilitation; and

WHEREAS, 17 additional VA medical centers have been designated as polytrauma network sites, located in Boston, Syracuse, New York City, Philadelphia, Washington DC, Augusta, Lexington, Cleveland, Indianapolis, Hines, St. Louis, Houston, Dallas, Tucson, Denver, Seattle, and Los Angeles; and

WHEREAS, the care provided in these five specialized polytrauma centers and 17 polytrauma network sites is extraordinarily expensive and complex, often addressing complications from multiple amputations, traumatic brain injuries, multiple shell fragment wounds, and other catastrophic injuries; and

WHEREAS, these veterans spend long periods at polytrauma centers recovering from their combat injuries; and

WHEREAS, since VA's current nursing home capacity is primarily designed to serve elderly veterans, not younger ones, VA must make every effort to create an environment for these veterans that recognizes they have different needs; and

WHEREAS, having the support of their families and friends is an integral part of the veteran's treatment and recovery process; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, calls on the Secretary of Veterans Affairs to request and allocate sufficient resources for polytrauma centers and polytrauma network sites to ensure these centers include adequate space and other services for veterans' 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.

⌘ ⌘ ⌘

RESOLUTION NO. 202

OPPOSE RECOMMENDATION THAT MILITARY RETIRED VETERANS BE PROHIBITED FROM RECEIVING HEALTH CARE FROM BOTH DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS FACILITIES

WHEREAS, military 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 the Disabled American Veterans in National Convention, assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any action to restrict health care eligibility for military retired veterans in either the DOD or the VA health care systems.

⌘ ⌘ ⌘

RESOLUTION NO. 203

SUPPORT SUFFICIENT RESOURCES FOR THE DEPARTMENT OF VETERANS AFFAIRS TO IMPROVE HEALTH CARE SERVICES FOR VETERANS LIVING IN RURAL OR REMOTE AREAS

WHEREAS, 44 percent of today's active duty military service members and tomorrow's veteran population list rural communities as their homes of record; and

WHEREAS, approximately 40 percent of veterans enrolled for Department of Veterans Affairs (VA) health care are classified by VA as veterans living in rural or highly rural areas; and

WHEREAS, after serving our nation, veterans should not have their health care needs neglected by the VA because they choose to live in rural and remote areas far from major VA health care facilities; and

WHEREAS; Public Law 109-461 authorized VA to establish the Veterans Health Administration (VHA) Office of Rural Health to promulgate policies, best practices and innovations to improve services to veterans who reside in rural areas; and

WHEREAS, both houses of Congress on numerous occasions have attempted with legislation to address unmet health care needs of veterans who make their homes in rural and remote areas; and

WHEREAS, beginning in fiscal year 2009, Congress has provided VA \$250 million annually in funding to support enhancements to rural health care; and

WHEREAS, VA has funded over 500 projects and programs, authorized new mobile rural clinics in VISNs, appointed "Rural Health Consultants" in each of VA's 21 VISNs, and is conducting regularly scheduled meetings of VA's Veterans Rural Health Advisory Committee; and

WHEREAS, VA receives no Congressional appropriations dedicated to support establishment of rural community-based outpatient clinics but must manage those additional expenses from within available Medical Services appropriations provided by Congress; and

WHEREAS, VA has established and is operating over 768 community-based outpatient clinics, of which 375 are located in areas considered by VA to be rural or highly rural; and

WHEREAS, VA must ensure the number of its Readjustment Counseling Centers ("Vet Centers") in rural and highly rural areas is sufficient to meet the demands for counseling of rural veterans in need of psychological readjustment after serving in combat deployments; and

WHEREAS, VA cannot cost-effectively justify establishing additional remote facilities in areas with sparse veteran populations given current circumstances; and

WHEREAS, historically, VA has had difficulty securing sufficient funding through the Congressional discretionary budget and appropriations process to ensure basic and adequate access for the care of sick and disabled veterans; and

WHEREAS, Congress has enacted Public Law 111-81, the purpose of which is to secure advance appropriations for the delivery of VA health care services, including services in rural areas; NOW

THEREFORE, BE IT RESOLVED, that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, fully supports the right of rural veterans to be served by VA, but insists that funding for additional rural care and outreach be sustained and not be the cause of reductions in highly specialized VA medical programs needed for the care of sick and disabled service-connected veterans.

BE IT FURTHER RESOLVED that the Disabled American Veterans insists that if Congress intends to continue to provide enhanced VA health care access to rural veterans, Congress must include appropriations for that specific purpose in advance appropriations acts.

⌘ ⌘ ⌘

RESOLUTION NO. 204

IMPROVE REIMBURSEMENT POLICIES FOR NON-DEPARTMENT OF VETERANS AFFAIRS EMERGENCY HEALTH CARE SERVICES FOR ENROLLED VETERANS

WHEREAS, the Department of Veterans (VA) provides 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 plan is incomplete without a provision for emergency care; and

WHEREAS, a significant number of service-connected and nonservice-connected enrolled veterans rely on VA as their exclusive health care provider; and

WHEREAS, VA medical center recorded telephone greetings universally announce: “If you have a life-threatening emergency, please hang up and dial 911”; and

WHEREAS, city, county and voluntary emergency fire and rescue systems must conform to State first-responder and fire rescue laws, and under such laws, must transport patients to designated facilities equipped with certified emergency room capabilities; and

WHEREAS, VA facilities, with few exceptions, do not qualify under State or Federal laws as “emergency receiving facilities” for critically ill or injured patients under transport by first responders, nor do they offer 24-hour coverage for emergency care, and thus do not generally receive such cases; and

WHEREAS, VA frequently denies emergency service claims from private health care facilities submitted by service-connected veterans on the basis that VA was “available” for the care of that veteran in that circumstance; and

WHEREAS, title 38, United States Code, in defining the term “emergency treatment” for purposes of VA reimbursement, provides “that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health;” and

WHEREAS, VA, in making its decision on a veteran’s qualification for reimbursement after a perceived and claimed emergency, should take into account that in the circumstances of an emergency situation a veteran eligible under title 38, United States Code, for emergency care reimbursement may not have had any choice in receiving care at a non-VA facility due to the circumstances of that situation; and

WHEREAS, title 38, United States Code, restricts reimbursement for emergency care to that of VA acting in last resort, in cases in which veterans possess no other coverage, have a liability to the emergency-service provider, and have utilized VA health care resources within a 24-month period of the emergency event; and

WHEREAS, Public Law 110-387 requires VA to reimburse eligible veterans for emergency treatment of a service-connected disability, a nonservice-connected disability associated with and held to be aggravating a service-connected disability, or any disability of a veteran that is service connected permanent and total; and

WHEREAS, this law was passed to address barriers to emergency care and reimbursement for such care for disabled veterans due to VA's narrow interpretation of the existing authority for emergency care; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to amend title 38, United States Code, to eliminate the provision that requires enrolled veterans to have received care from VA within the 24-month period prior to date of the emergency care; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges the VA to provide for a more liberal interpretation of the law for reimbursement of veterans who have received emergency care at non-VA facilities; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges the Veterans Health Administration to review and reform its policies with respect to evaluating whether a veteran, in seeking intervention in a perceived life- or health-threatening emergency situation, has the power to divert first responders from private emergency receiving facilities to VA facilities.

⌘ ⌘ ⌘

RESOLUTION NO. 205

SUPPORT SUSTAINED SUFFICIENT FUNDING TO IMPROVE SERVICES FOR HOMELESS VETERANS

WHEREAS, compared to non-veterans, veterans are at higher risk of homelessness; and

WHEREAS, many veterans experience post-deployment readjustment conditions such as post-traumatic stress disorder (PTSD), 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, according to statistics from Department of Veterans Affairs (VA) and the National Coalition for Homeless Veterans (NCHV), about two-thirds of homeless veterans do not receive the help they need to transition from homelessness to become productive citizens; and

WHEREAS, other federal, state, and local public agencies—notably housing agencies and health departments—need to improve coordination with VA to address the housing, health-care, and supportive services needs of these vulnerable veterans; and

WHEREAS, with greater numbers of women serving in military deployments, along with increased identification of and a greater emphasis on care for victims of sexual assault and war-related trauma, new and more comprehensive housing and child care services are needed; and

WHEREAS, according to VA, in 2010, nearly 119,500 homeless veterans were served by VA's specialized homeless programs; and

WHEREAS, in the next 10 years, it is projected that significant increases in services over current levels will be needed to serve aging Vietnam veterans, women veterans, and combat veterans of America's current military operations in Afghanistan and Iraq; 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, in 2010, *Opening Doors, Federal Strategic Plan to Prevent and End Homelessness* was launched and the VA Secretary began a campaign to end homelessness among veterans through enhanced collaboration with other federal, state, faith-based, veterans service organization and community partners; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges Congress to sustain sufficient funding to support the VA's initiative to eliminate homelessness among veterans in the next five years and strengthen the capacity of the VA Homeless Veterans program to include: increasing its mental health and substance-use disorder programs capacity, provide vision and

dental care services to homeless veterans as required by law, and improve its outreach efforts to help ensure homeless veterans gain access to VA's specialized health and benefits programs;
AND

BE IT FURTHER RESOLVED that we urge Congress to continue to authorize and appropriate funds for competitive grants to community-based and public organizations including the Department of Housing and Urban Development to provide health and supportive services to homeless veterans placed in permanent housing.

⌘ ⌘ ⌘

RESOLUTION NO. 206

**ENHANCE THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
DEPARTMENT OF VETERANS AFFAIRS 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 who VA rated 100 percent 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 percent permanently and totally disabled; or 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, the CHAMPVA beneficiary is responsible for an annual \$50 deductible for medical services rendered and 25 percent of reasonable and customary charges for patient care and pharmaceuticals, up to \$3,000 each year if the local VA medical facility does not participate in the CITI program and the beneficiary must seek care in the private sector; 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 dental care, institutional and home-based long-term care, and vision are not routinely covered under CHAMPVA; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to make the CHAMPVA program more comprehensive, including dental care, institutional and home-based long-term care, and vision and reduce the catastrophic cap on CHAMPVA services to a more reasonable amount to lower the out-of-pocket costs for beneficiaries who do not live near a VA medical facility that participates in the CHAMPVA CITI health care program; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans supports the CITI program and urges VA Medical Center directors to make that program available to CHAMPVA beneficiaries when resources are available.

⌘ ⌘ ⌘

RESOLUTION NO. 207

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 continues to be a major health problem for many Americans, including many of our nation's veterans; 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 percent of VA outpatients reported hazardous use of alcohol, and 22 percent reported full alcohol abuse, but only 31 percent reported being counseled about alcohol use; and

WHEREAS, substance use disorders are associated with family instability, decreased worker productivity, and declining health status; and

WHEREAS, combat exposure has placed veterans from Operations Enduring and Iraqi Freedom (OEF/OIF) at higher risk for posttraumatic stress disorder (PTSD) as well as a wide array of other medical and psychological conditions, which may be associated with veterans' increased use of substances; and

WHEREAS, VA offers few integrated treatment programs that would work to address both the substance use disorder and 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, VA lacks timely access to a complete continuum of available services (from detoxification to rehabilitation) to treat substance use disorders; and

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports program improvement and enhanced resources for VA substance use disorder programs to achieve a full spectrum of evidence-based accessible and available treatment, including effective integrated treatment programs for veterans with co-morbid mental health and substance use disorder conditions, regardless of their place of residence.

⌘ ⌘ ⌘

RESOLUTION NO. 208

REQUIRE A VETERAN'S ATTENDING DEPARTMENT OF VETERANS AFFAIRS (VA) PHYSICIAN TO PROVIDE A MEDICAL OPINION WITH REGARDS TO A CLAIM FOR VA DISABILITY COMPENSATION BENEFITS WHEN REQUESTED

WHEREAS, section 5103A of title 38, United States Code, prescribes that the Secretary of the Department of Veterans Affairs (VA) shall assist a veteran by providing a medical examination or obtaining a medical opinion when such an examination or opinion is necessary to make a decision on a claim for disability benefits; and

WHEREAS, section 17.38 of title 38, Code of Federal Regulations, requires Veterans Health Administration (VHA) health care providers, when requested and under certain limited circumstances, to provide descriptive statements and opinions for VA patients with respect to patients' medical condition, employability and degree of disability; and

WHEREAS, VHA Handbook 1605.1 provides that veterans may request statements from VHA health care providers regarding their medical conditions and/or opinions for submission in support of their claims for VA benefits; and

WHEREAS, this Handbook further requires in response to such a request, VHA health care practitioners provide a statement or opinion describing a patient's medical condition, and when the health care provider is the individual's treating physician, and is unable, or deems it inappropriate, to provide an opinion or statement, such physician must refer the request to another health care provider for the opinion or statement; and

WHEREAS, VHA Directive 2008-071 reversed and vacated its previous policy that required VA health care practitioners to provide veterans a medical opinion with respect to a current medical condition and possible relationship to a veteran's military service; and

WHEREAS, this Directive only requires a statement that includes observation of current medical status and suggests any request from a veteran for a medical statement in support of a claim for VA benefits be referred to the Veterans Benefits Administration; and

WHEREAS, VA strives to be the provider of choice for all of its enrolled veterans by offering a comprehensive medical benefits package for which a significant number of service-connected disabled veterans who seek treatment at VA medical facilities, rely solely on VA for all their health care needs; and

WHEREAS, through education, training, and experience, a VA physician who provides medical care to veteran patients has special insight of the veteran's experience and the diseases and disabilities common to military service; and

WHEREAS, the unwillingness of certain VA physicians to provide statements or opinions for veteran patients is inconsistent with the goal of the VHA to provide comprehensive care and places a serious burden on veterans who depend on VHA for their care and who may not be able to afford a private medical opinion; and

WHEREAS, due to conflicting written policy, there is currently no standard Department-wide interpretation and implementation of a VA policy for a VHA practitioner to provide a medical opinion with regard to a claim for VA disability compensation benefits when requested;
NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges VA to develop and implement a consistent policy requiring VHA health care practitioners to provide medical statements or opinions to veterans when requested in conjunction with their claim for VA benefits and to ensure full compliance of such policy.

⌘ ⌘ ⌘

RESOLUTION NO. 209

SUPPORT PROGRAMS TO PROVIDE PSYCHOLOGICAL SUPPORT AND MENTAL HEALTH COUNSELING SERVICES TO FAMILY MEMBERS OF VETERANS SUFFERING FROM POST TRAUMATIC STRESS DISORDER, DEPRESSION AND OTHER MENTAL HEALTH CHALLENGES

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, under-employment 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 veteran; and

WHEREAS, the Department of Veterans Affairs (VA) embraces recovery from mental illness as its guiding principle in all VA mental health programs, including the involvement of veterans' loved ones as a part of recovery; and

WHEREAS, involvement of family members and dependents is often vital to a veteran's eventual recovery from mental illness; and

WHEREAS, title 38, United States Code, subsection 1712A(b)2 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 for the purpose of authorizing a wide array of support, care and counseling services for personal caregivers of severely injured or ill veterans from all eras of military service; and

WHEREAS, title 38, United States Code, section 1782 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 percent or more disabling; who were discharged or

retired from the armed forces for injuries or illnesses incurred in 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, title 38, United States Code, section 1781, 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, calls on the Secretary of Veterans Affairs to establish new and effective programs to ensure that veterans who are enrolled in VA health care not only receive adequate care for their wounds and illnesses, including mental health-related illnesses, and but that when appropriate their 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. 212

SUPPORT POLICIES TO REQUIRE THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO ALLOW VETERANS TO BE ACCOMPANIED BY SERVICE AND GUIDE DOGS WHEN SEEKING CARE AT VA FACILITIES

WHEREAS, trained guide dogs and other trained service dogs can have a significant role in 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 animals employed for these purposes by persons with such disabilities; and

WHEREAS, the Department of Veterans Affairs issues guide and service dogs to veterans enrolled in VA health care when therapeutically indicated; and

WHEREAS, the Veterans Health Administration of the Department of Veterans Affairs has published guidance requiring each VA health care facility to maintain a policy on the admission of guide and service animals to VA premises; and

WHEREAS, each VA medical facility is expected to maintain reasonable policies on the control and admittance of such animals that accompany veterans on their medical visits to VA facilities; and

WHEREAS, veterans have reported that certain VA facilities do not permit service and guide dogs to accompany them into facilities, including primary care or mental health clinic appointments, while other facilities permit them into certain designated areas; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges that 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 Disabled American Veterans urges VA to complete its plan to conduct thoroughgoing research to determine the most efficacious use of guide and service dogs in defined populations, in particular veterans with mental health conditions, and to broadly publish the results of that research; 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.

⌘ ⌘ ⌘

**EMPLOYMENT, EDUCATION AND
GENERAL**

RESOLUTION NO. 032

PROVIDE EDUCATIONAL BENEFITS FOR DEPENDENTS OF SERVICE-CONNECTED VETERANS RATED 80 PERCENT 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, there are many service-connected veterans rated 80 percent and 90 percent disabled, whose dependents cannot afford to attend an institution of higher learning or pursue a vocational endeavor because of the reduced earning ability of such veterans; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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 a service-connected disability rating of 80 percent or more.

⌘ ⌘ ⌘

RESOLUTION NO. 033

SUPPORT LEGISLATION THAT WOULD EXEMPT THE BENEFITS PAID TO WARTIME SERVICE-CONNECTED DISABLED VETERANS FROM THE “PAY-GO/CUT-GO” 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 their period of 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 “pay-go”/“cut-go” 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, Persian Gulf War veterans suffering from ailments associated with their service in the Persian Gulf War 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 “welfare benefit;” NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to exempt VA benefits and services provided to service-connected disabled veterans, their dependents and survivors from the “pay-go”/“cut-go” provisions of the Budget Enforcement Act.

⌘ ⌘ ⌘

RESOLUTION NO. 144

SUPPORT ADEQUATE FUNDING FOR ALL DEPARTMENT OF VETERANS AFFAIRS PROGRAMS

WHEREAS, understaffing of Department of Veterans Affairs (VA) programs in recent years has hampered the VA's ability to effectively administer programs intended to benefit this nation's veterans; and

WHEREAS, continued efforts by the Office of Management and Budget to reduce the VA budget will lead to further deterioration of all VA programs; 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; NOW

THEREFORE, BE IT RESOLVED THAT the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks and strongly supports adequate funding for all VA programs.

⌘ ⌘ ⌘

RESOLUTION NO. 153

SUPPORT LEGISLATION TO PROVIDE FOR A REASONABLE TRANSITION PERIOD FOR ALL SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES TO RETAIN THEIR FEDERAL PROTECTED STATUS FOLLOWING THE DEATH OF THE DISABLED VETERAN

WHEREAS, section 308, Public Law 108-183, the Veterans Benefits Act of 2003 established a procurement program for Service-Disabled Veteran-Owned Small Business (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 (SBJA 2010), which provides enhanced opportunities for SDVOSBs to compete for Federal project and subcontracting opportunities; and

WHEREAS, the SDVOSB small business category has encouraged many 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 disabled veterans and veterans during very challenging economic times; and

WHEREAS, by passing the SBJA 2010, 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 disabled veteran to own at least 51 percent 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 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 thus, laying off the workers; and

WHEREAS, section 8127 (h)(2)(C), Public Law 109-461, (specifically for the VA only) allows for a ten-year transition period to a surviving spouse of a 100 percent disabled veteran or a veteran who dies as a result of a service-connected disability; and

WHEREAS, allowing the surviving spouses or heirs of disabled veterans to have a reasonable transition period for the SDVOSB program would help to maintain the jobs created by the SDVOSBs for disabled veterans, veterans and other employees and will not unduly 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports the enactment of legislation that will provide for 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 disabled veteran via a surviving spouse, children, or heirs and thus, allowing the business to restructure over time without necessarily downsizing, laying off workers, or closing down.

⌘ ⌘ ⌘

RESOLUTION NO. 213

SUPPORT VETERANS' PREFERENCE IN PUBLIC EMPLOYMENT

WHEREAS, the Disabled American Veterans strongly supports federal, state, and local veterans' preference laws; and

WHEREAS, many disabled military personnel are relieved from active duty prior to the end of their enlistment period by being placed on "terminal leave," and they do not receive their discharge papers (DD FM 214) until the official end of their military service; and

WHEREAS, they are not considered veterans by Federal Agencies and Administrations, State Employment Security Agencies (SESAs)/State Workforce Agencies (SWAs) because they have not received their DD FM 214; and

WHEREAS, the current administration issued Executive Order 13518, *Employment of Veterans in Federal Government* in 2009, in an effort to improve the federal hiring process for veterans; and

WHEREAS, although important improvements were made to streamline the hiring process and to educate hiring managers, between FY 2010 and the first two quarters of FY 2011 the number of veterans hired has only increased 0.9 percent and the number of disabled veterans hired has increased by 3 percent for the same period with only a few federal agencies hiring the majority of such veterans; and

WHEREAS, while the Office of Personnel Management monitors federal agencies' veterans hiring trends as part of Executive Order 13518, it has not correlated this with Veterans Employment Special Hiring Authorities monitored by the Disabled Veterans Affirmative Action Program plans to identify patterns and practices to determine if systemic discrimination may be a factor in underperforming agencies; 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports veterans' preference in federal, state and local employment; enforcement provisions and increased accountability for agencies' veterans' hiring compliance; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans supports entitlement of hiring individuals honorably separating from the military who are not yet in possession of their DD FM 214 to positions of employment within federal agencies during the 180-day period beginning on the date the individual is honorably discharged, if they are otherwise qualified for the position; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans supports appropriate recognition and enforcement of systemic veterans' preference discrimination; broader utilization of veterans and disabled veterans hiring preference; and substantive improvement of recruitment and hiring of veterans generally and service-disabled veterans specifically; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges Congress to mandate that disabled military personnel placed on "terminal leave" prior to the end of their official enlistment period who have served honorably, be considered veterans by Federal and State Agencies and Administrations.

⌘ ⌘ ⌘

RESOLUTION NO. 214

PROVIDE ADEQUATE FUNDING AND PERMANENCY FOR VETERANS' EMPLOYMENT AND/OR TRAINING PROGRAMS

WHEREAS, the extended economic downturn has had a greater impact on veterans generally and disabled veterans specifically than many other groups; and

WHEREAS, there are numerous veterans' employment and training programs reaching out to provide critical assistance but 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 and the Small Business Administration, Disabled Veterans' Outreach Program, Local Veterans Employment Representative program, Homeless, and others; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks and supports adequate funding and permanency for all veterans' employment and training programs.

⌘ ⌘ ⌘

RESOLUTION NO. 215

SUPPORT LEGISLATION ENHANCING GOVERNMENT-WIDE GOAL FOR PARTICIPATION BY SMALL BUSINESS CONCERNS 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 (OSDBU) has the Center for Veterans Enterprise (CVE), which maintains VA’s database of veteran-owned small businesses (VOSBs) and service-disabled veteran-owned small businesses (SDVOSBs) as well as serving as an advocate for VOSBs, SDVOSBs, historically underutilized business (HUB) zone businesses, and woman-owned small businesses; and

WHEREAS, the database, www.vetbiz.gov vendor information pages (VIP), lists businesses that are 51 percent 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 percent* 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, required 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 percent 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, woman-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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, calls for *all* government agencies to meet the set aside goal of *not less than 3 percent* of the total value of all prime and subcontract awards going 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 under-performing federal agencies to make up any shortfalls 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 OSDBU 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 percent*, 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 will serve as an annual report card on which agencies need the most assistance in the development and implementation of stronger contracting plans.

⌘ ⌘ ⌘

RESOLUTION NO. 216

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 training or educational certification and licensure requirements of applicable civilian equivalent occupations by each of the states of the union; and

WHEREAS, many former military personnel, certified as proficient in their military occupational career, are not certified or licensed to perform a comparable job in the civilian workforce once they leave the military; and

WHEREAS, there are many occupational career fields in the Armed Forces that could translate to a civilian occupation if 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 doing so; and

WHEREAS, once DOD expanded its training to meet the requirements of civilian equivalent career paths, service members could take certification or licensure equivalency examinations to gain journeyman status on a 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 member plans to reside could then confer the appropriate journeyman equivalent status upon them; and

WHEREAS, as military members continue in the service, 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 109-461, the Veterans Benefits Health Care and Information Technology Act of 2006, codified at Section 4114, title 38, United States Code, recommends that the Department of Labor's (DOL) Assistant Secretary for Veterans' Employment and Training may carry out a demonstration project on credentialing to facilitate the seamless transition of members of the Armed Forces to civilian employment by selecting at least 10 military occupational specialties with a skill or set of skills that is required for civilian employment in an industry with high growth or high worker demand; and

WHEREAS, as part of this recommended demonstration project, the DOL was to cooperate with appropriate Federal, State, and industry officials to reduce or eliminate barriers to

providing a credential, certification, or license to a veterans' active duty military occupational specialty skill, training or experience specialty, but it never came to pass; and

WHEREAS, this specific demonstration project has yet to take place just as there has been little progress generally on the elimination of employment barriers that impede the transfer of military job skills to the civilian labor market; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports the elimination of employment barriers that impede the transfer of military job skills to the civilian labor market; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges Congress to fund this DOL demonstration project so it can be carried forward to completion and be used as a springboard to facilitate development of all occupational career fields in the Armed Forces in such a manner as to meet the various certification and licensure requirements of applicable civilian equivalent occupations; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges Congress to engage in a national dialogue, working closely with the Administration generally, and DOD, VA and DOL specifically, as well as state governments, employers, trade unions, and licensure and credentialing entities to establish a clear process so military training meets civilian certification and licensure requirements for the states in which they choose to live once they leave the military.

⌘ ⌘ ⌘

RESOLUTION NO. 217

PROVIDE INCREASED FUNDING SO MEMBERS OF ALL SERVICE BRANCHES AND COMPONENTS ATTEND THE TRANSITION ASSISTANCE PROGRAM AND THE DISABLED TRANSITION ASSISTANCE PROGRAM

WHEREAS, Public Law 101-510, the National Defense Authorization Act for Fiscal Year 1991, codified at sections 1141-1150 of title 10, United States Code, authorized comprehensive transition assistance benefits and services for separating service members and their spouses, and required that the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) be established and maintained; and

WHEREAS, the transition from military service to civilian life is very difficult for most veterans who must overcome many obstacles to successful employment; and

WHEREAS, TAP and the DTAP were created with the goal of furnishing separating service members with vocational guidance to aid them in obtaining meaningful civilian careers; and

WHEREAS, currently TAP and DTAP workshops are available but not mandatory for active duty service members, except for the Marine Corps, prior to separating from active duty, nor typically afforded to members of the National Guard and Reserve; and

WHEREAS, continuation of TAP and DTAP is 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; and

WHEREAS, these programs have not been updated in such a way as to remain viable in the face of improvements in technology, and there is no follow-up to determine if those attending have found gainful employment; and

WHEREAS, the level of TAP and DTAP funding and staffing is inadequate to support the routine discharges per year from all branches of the Armed Forces; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, goes on record urging Congress to provide adequate funding for TAP and DTAP, establishing scheduled periodic review of training methodology and delivery of services, collection and analysis of course critiques to ensure the program is meeting its objective and follow-up with participants to determine if they have found gainful employment; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans urges Congress to make TAP/DTAP mandatory for all those leaving military service including members of the National Guard and Reserve.

⌘ ⌘ ⌘

RESOLUTION NO. 218

**OPPOSE USING DISABLED VETERANS' OUTREACH PROGRAM SPECIALISTS
AND LOCAL VETERANS' EMPLOYMENT REPRESENTATIVES TO WORK WITH
OR PROCESS PUBLIC ASSISTANCE PROGRAMS**

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 Specialists (DVOPS) provide intensive services to disabled veteran and veterans with barriers to employment in finding work, and Local Veterans' Employment Representatives (LVERs) work with nondisabled veterans, informing them of employment opportunities, and perform outreach to community businesses to locate employment opportunities; and

WHEREAS, many state employment agencies are utilizing DVOPS and LVERs to work on public assistance related programs, including food stamps, which diverts DVOPS/LVERs from their prime mission, which is to assist veterans with their employment and training needs; and

WHEREAS, Public Law 105-220, the Workforce Investment Act of 1998 required at least one impact study be carried out in such a way as to provide a valid assessment of the effectiveness of the Jobs for Veterans State Grants (JVSG) Program, the funding vehicle to state workforce agencies where DVOPS and LVERs are employed; and

WHEREAS, according to a Government Accountability Office report, "Disabled Veterans' Employment: Additional Planning, Monitoring, and Data Collection Efforts Would Improve Assistance," GAO-07-1020, little is known about the effectiveness of the employment and training programs because of the five (5) state workforce agencies visited to assess whether outcomes can be attributed to their programs through an impact study, about half of all those programs have not had a performance review since 2004; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes utilizing DVOPS/LVERs to work with or process public assistance programs; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans recommends Congress fund an impact study to provide a valid assessment of the effectiveness of the entire JVSG Program that provides funding to state workforce agencies where DVOPS and LVERs are employed.

✍ ✍ ✍

RESOLUTION NO. 219

INCREASE STAFFING LEVELS OF THE DEPARTMENT OF VETERANS AFFAIRS VOCATIONAL REHABILITATION AND EMPLOYMENT SERVICE

WHEREAS, the Department of Veterans Affairs (VA) Vocational Rehabilitation 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 disabled veterans to meaningful employment relies heavily on 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 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 disabled veterans, thus reducing veterans' opportunities to achieve successful timely rehabilitation; and

WHEREAS, to increase emphasis on employment, the service has begun an initiative titled "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 program has drastically changed to career development and employment, it is not clear, despite VR&E's addition of over 80 employment coordinators, whether 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 timeframes; and

WHEREAS, many veterans may not be receiving suitable vocational rehabilitation and employment services in a timely manner due to inconsistent case management with lack of accountability for poor decision making; delays in processing initial applications due to staff shortages and large caseloads; declaring veterans rehabilitated before suitable employment is retained for at least six months; inconsistent tracking by the electronic case management information system; and a failure to follow up with veterans and employers; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports a strengthening of VA's VR&E program to meet the demands of disabled veterans by providing increased staffing

and funding, a more timely and effective transition into the workforce and providing placement follow-up with employers for at least six months; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans supports VR&E Service transitioning to a results-based criteria to evaluate and improve employee performance with a higher emphasis placed on academic training, employment services and independent living to achieve the goal of rehabilitation of severely disabled veterans.

⌘ ⌘ ⌘

RESOLUTION NO. 220

**SUPPORT INCREASING THE VOCATIONAL REHABILITATION AND
EMPLOYMENT CHAPTER 31 SUBSISTENCE ALLOWANCE TO A RATE EQUAL
TO THE POST-9/11 EDUCATION ASSISTANCE PROGRAM UNDER CHAPTER 33
FOR VETERANS OF ALL ERAS OF CONFLICT**

WHEREAS, our nation established veterans' programs to repay or reward veterans for their extraordinary service and sacrifices on behalf of their fellow citizens, especially those veterans disabled as a result of military service; and

WHEREAS, these programs include the Vocational Rehabilitation and Employment (VR&E) program for service-connected disabled veterans with employment handicaps; and

WHEREAS, the post-9/11 GI Bill under title 38, United States Code, Chapter 33 provided a more financially lucrative subsistence allowance than the current VR&E Chapter 31 program; and

WHEREAS, passage of Public Law 111-377, the Post-9/11 Veterans Educational Assistance Improvement Act, on December 16, 2010 specified that veterans with service-connected disabilities participating in vocational rehabilitation under Chapter 31 of title 38, United States Code, who are also entitled to Post-9/11 GI Bill education benefits, can choose whether to receive the monthly housing stipend payable under the Post-9/11 GI Bill or the monthly subsistence allowance provided for in Chapter 31; and

WHEREAS, passage of this law resolved this financial disparity which could have ultimately forced service-connected disabled veterans with employment handicaps to either utilize a program less financially supportive to them and their families than their non-disabled counterparts, or opt out of vocational rehabilitation for the more financially beneficial Post 9/11 GI Bill; and

WHEREAS, while those eligible for the Post-9/11 GI Bill can now choose the greater benefit, those veterans from other eras of conflict cannot thus establishing an inequity in veterans benefits; and

WHEREAS, our nation's first duty to veterans is the rehabilitation and welfare of its service-connected disabled; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports raising the subsistence allowance of the Vocational Rehabilitation and Employment program under Chapter 31 to a rate equal to the housing allowance available through the Post-9/11 GI Bill under Chapter 33 for veterans of all eras.

⌘ ⌘ ⌘

RESOLUTION NO. 221

SUPPORT OUTREACH 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 are therefore less likely to obtain employment and training assistance than their male counterparts; and

WHEREAS, over the last decade there has been a definite increase in the number of women in need of employment and training services; and

WHEREAS, because of the reduction in federal programs and the reduction of jobs for women 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges Congress to enact legislation to establish and fund special programs and outreach to women veterans, especially 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 Investment Act; AND

BE IT FURTHER RESOLVED that the Disabled American Veterans calls for additional training to be provided to service providers to address the delivery of services to and the under-representation of women veterans in career employment.

⌘ ⌘ ⌘

RESOLUTION NO. 222

**DROP THE 12-YEAR RULE TO REQUEST DEPARTMENT OF VETERANS AFFAIRS
VOCATIONAL REHABILITATION BENEFITS UNDER CHAPTER 31, LEAVING
THE DATE TO APPLY FOR THAT BENEFIT OPEN-ENDED**

WHEREAS, the Disabled American Veterans is dedicated to one single purpose: building better lives for all of our nation's disabled veterans and their families; and

WHEREAS, not all disabled veterans are aware of their possible entitlements to VA Vocational Rehabilitation programs at the time they are awarded for service connection for disabilities; and

WHEREAS, not all awards of service connection are rated high enough to be awarded Chapter 31 benefits; and

WHEREAS, not all disabled veterans are under the impression 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, the VA also does not put a time limit on requesting another service-connected benefit; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks legislation to eliminate the 12-year limitation to apply for VA vocational rehabilitation, leaving a veteran's dates of entitlement open ended.

⌘ ⌘ ⌘

**MILITARY AFFAIRS AND NATIONAL
SECURITY**

RESOLUTION NO. 034

**EXTEND SPACE-AVAILABLE AIR TRAVEL ABOARD MILITARY AIRCRAFT TO
100 PERCENT SERVICE-CONNECTED DISABLED VETERANS**

WHEREAS, totally disabled service-connected veterans have sacrificed greatly in terms of their impairments and loss of earnings capacity; and

WHEREAS, more than any other living group of Americans, such veterans should be eligible for all benefits and privileges that the 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, seeks the enactment of legislation that would extend space-available air travel aboard military aircraft to all 100 percent service-connected disabled veterans to the same extent and under the same conditions as is currently provided to retired military personnel.

⌘ ⌘ ⌘

RESOLUTION NO. 035

EXTEND COMMISSARY AND EXCHANGE PRIVILEGES TO SERVICE-CONNECTED DISABLED VETERANS AND THEIR DEPENDENTS

WHEREAS, current Department of Defense regulations authorize military commissary and exchange privileges to a broad category of active and retired military personnel, their dependents and survivors; and

WHEREAS, veterans injured while in service to their nation have earned the privilege to use commissary and exchange stores; and

WHEREAS, the recent downsizing of the military jeopardizes the continued profitable operation of military and exchange stores; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to extend commissary and exchange privileges to service-connected disabled veterans and their dependents.

⌘ ⌘ ⌘

RESOLUTION NO. 036

SEEK THE IMMEDIATE RELEASE OF ANY AMERICANS WHO MAY STILL BE HELD CAPTIVE FOLLOWING WORLD WAR II, THE KOREAN WAR, THE VIETNAM WAR, AND OPERATIONS ENDURING FREEDOM AND IRAQI FREEDOM AND THE RETURN OF THE REMAINS OF ANY AMERICANS WHO DIED DURING THESE WARS

WHEREAS, the members of the Disabled American Veterans are deeply concerned for the thousands of American Servicemen still unaccounted for in the aftermath of World War II, the Korean War, the Vietnam War, the Persian Gulf War, and the wars in Afghanistan and Iraq; 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 from that war; and

WHEREAS, the brave families of these missing Americans continue to live in uncertainty and anguish regarding their missing sons and husbands; and

WHEREAS, there are still today more than 78,000 unaccounted for following World War II, some 8,000 from the Korean War, over 1,700 in Southeast Asia from the Vietnam War, and two from Operations Enduring and Iraqi Freedom, who have not been forgotten; and

WHEREAS, the Disabled American Veterans was extremely disappointed with the timing of our government's decision to normalize relations with the government of the Socialist Republic of Vietnam (SRV), prior to the fullest possible accounting of our POW/MIAs from Southeast Asia; and

WHEREAS, the Disabled American Veterans 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; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, urges the U.S. Government to ensure this issue be considered as one of America's highest priorities, accelerating efforts to obtain the release of any American who may still be held captive and obtain the fullest possible 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 we urge the government of the Socialist Republic of Vietnam 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. 040

SUPPORT FOR JOINT POW/MIA ACCOUNTING COMMAND

WHEREAS, members of the Disabled American Veterans (DAV) have long been deeply committed to achieving the fullest possible accounting for U.S. personnel still held captive, missing and unaccounted for from all of our nation's wars; and

WHEREAS, personnel and funding for the Joint POW/MIA Accounting Command (JPAC) 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 U.S. government to account as fully as possible for America's missing veterans, including – if confirmed deceased – the recovery of their remains when possible; and

WHEREAS, the DAV deeply appreciates Vietnam's 2009 proposal to expand the pace and scope of POW/MIA accounting cooperation, including use of US Navy vessels for underwater operations; and

WHEREAS, the U.S. Congress recently passed the Defense Authorization Bill mandating that the Department of Defense develop the capability to identify a minimum of 200 remains per year beginning in 2015; thus requiring additional funding and personnel to carry out strategies, programs and operations to resolve this issue and obtain answers for the POW/MIA families and our nation's veterans; 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, remains steadfast in its commitment to the goal of achieving the fullest possible accounting for all U.S. military and designated civilian personnel missing from our nation's wars; AND

BE IT FURTHER RESOLVED that we call upon our government to support personnel increases and full funding for the efforts of the Joint POW/MIA Accounting Command, the Defense POW/Missing Personnel Office, the Life Sciences Equipment Laboratory, the Armed Forces DNA Laboratory, including specific authorization to augment assigned personnel when additional assets and resources are necessary; AND

BE IT FURTHER RESOLVED that DAV calls upon Congress to immediately appropriate the funds necessary to increase personnel and resources of the Joint POW/MIA Accounting Command, the Defense POW/Missing Personnel Office, the Life Sciences Equipment Laboratory, and the Armed Forces DNA Laboratory to enable reaching the identification goals set forth in the Defense Authorization Bill.

⌘ ⌘ ⌘

RESOLUTION NO. 075

SUPPORT LEGISLATION TO ENSURE THAT MILITARY RETIREES RECEIVE ALL BENEFITS THEY WERE PROMISED WHEN THEY ENTERED THE ARMED FORCES

WHEREAS, men and women who enter military service set aside their personal lives, goals, and opportunities to wear the uniform and bear the burdens of our Nation's defense; and

WHEREAS, these men and women were promised certain benefits, such as free medical and dental care for life, full retired pay based on longevity of service, and other benefits, to entice them to remain in the military and make it a career; and

WHEREAS, our Government has reneged on many of its promises to provide these benefits to military retirees; and

WHEREAS, our Nation has a compelling moral duty to honor its pledges to military retirees; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports legislation to require our Government to provide military retirees with all benefits promised them.

⌘ ⌘ ⌘

RESOLUTION NO. 077

SUPPORT A STRONG NATIONAL DEFENSE

WHEREAS, the United States military forces are responsible for the defense of this Nation and its interests abroad; and

WHEREAS, the United States has recently been called upon to intervene in various conflicts; and

WHEREAS, a strong national defense led to the defeat of Communism in Eastern Europe; and

WHEREAS, U.S. interests continue to be challenged throughout the world, requiring our military forces to be deployed in protection of world freedom; and

WHEREAS, we can never let down our guard; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, goes on record urging Congress to provide adequate funds for the defense of our Nation both at home and abroad.

⌘ ⌘ ⌘

RESOLUTION NO. 179

**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 special respect and the gratitude of us for whom they serve; and

WHEREAS, their willingness to sacrifice and relinquish their liberty 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 unethical and a trespass against the person to use servicemembers for human experimentation without their knowledge and consent; and

WHEREAS, our Government has in the past used military members as human guinea pigs to test the effects of harmful and injurious substances on the body; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, opposes any rule or provision that would authorize use of servicemembers for human experimentation without their knowledge and informed consent.

⌘ ⌘ ⌘

RESOLUTION NO. 180

**SUPPORT MOVE TO RENEW PRISONER-OF-WAR/MISSING IN ACTION
DISCUSSIONS**

WHEREAS, the Disabled American Veterans has long been and is now deeply committed to accounting for United States personnel previously listed as prisoner, missing and unaccounted for from the Korean War and all of our nation's past wars; and

WHEREAS, the Disabled American Veterans recognizes the utility and importance of bilateral discussions with the Democratic People's Republic of Korea (DPRK), separate from those held on strategic issues, in an effort to reach agreement for proceeding with POW/MIA accounting cooperation; and

WHEREAS, the Disabled American Veterans also recognizes the lead time required between renewing bilateral discussions and restoring actual operations; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports renewing direct bilateral humanitarian talks with the DPRK regime for the purpose of restoring the agreements and processes required to account for unreturned Korean War veterans.

⌘ ⌘ ⌘

AMERICANISM & MISCELLANEOUS

RESOLUTION NO. 037

CONDEMN PUBLIC DESECRATION OF THE FLAG OF THE UNITED STATES

WHEREAS, the U.S. Supreme Court, by a 5-4 decision, has 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 its 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 Constitutional First Amendment guarantee of freedom of speech was not intended by our Founding Fathers to enable individuals—who do 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 the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, goes on record as condemning any individual or group who shall at any time publicly and willfully desecrate the flag of the United States.

⌘ ⌘ ⌘

RESOLUTION NO. 038

**ENCOURAGE ALL DISABLED VETERANS TO BECOME REGISTERED VOTERS
AND VOTE**

WHEREAS, members of the Disabled American Veterans 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 President's 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 President's Administration have targeted veterans' programs for unwarranted spending cuts and reductions under the mistaken and misguided theory that veterans do not base their vote 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 more strict requirements in voter registration laws; and

WHEREAS, there exists an urgent need for veterans, their families and all Americans concerned about veterans' issues to make their voice heard by becoming registered voters and exercising their vote in local, state, and federal elections; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, encourages 100 percent of our members to become registered 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 Disabled American Veterans 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 Disabled American Veterans Departments, Chapters, and members are encouraged to ensure that all veterans and their family members are able to get to polling locations to vote.

⌘ ⌘ ⌘

RESOLUTION NO. 039

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 more than twenty years; and

WHEREAS, the Courtroom, chambers, and other space is inadequate to meet the present and future needs of the Court and those it serves; and

WHEREAS, it is in the interests of veterans and their dependents that the Court be accorded the same respect enjoyed by other appellate courts of the United States; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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. 122

SUPPORT FORMER PRISONER-OF-WAR SLAVE LABOR CLAIMS AGAINST JAPANESE FIRMS

WHEREAS, during World War II, in the Pacific Theater, over 33,000 American military personnel were captured and interned by the Japanese as prisoners of war (POWs); and

WHEREAS, over 12,500 of those POWs died in captivity and this heavy loss of life gives a good indication of the horrid conditions that existed in the Japanese POW camps; and

WHEREAS, these POWs suffered from a lack of adequate food, clothing, shelter, and medical care, suffered interrogation and torture, endured unthinkable abuse and brutality under the hands of their captors; and

WHEREAS, many of these POWs were transported to mainland Japan, and were forced into slave labor where they were required to work for private Japanese companies under horrible conditions and suffered many types of cruel punishment and human rights abuses; and

WHEREAS, since the end of World War II, neither the Japanese government nor those private Japanese companies that enslaved our fighting men have offered to make restitution for the abuses and injuries suffered, nor have they offered an apology for their actions; and

WHEREAS, the U.S. government has never actively sought to have fair compensation and restitution paid to these former POWs who were deprived of all human dignity during their service to their country; and

WHEREAS, in 1999, the California Legislature unanimously passed a statute allowing claims for compensation for these former POWs to go forward in the courts, irrespective of the running of the statute of limitations; and

WHEREAS, since this law was passed, suits have been filed by American veterans captured by the Japanese during World War II and later enslaved by Japanese companies; and

WHEREAS, the U.S. Department of State opposes the legal actions of the former American POWs to obtain compensation from Japanese companies and has filed papers in court proceedings that would have the effect of stopping the court cases of these former POWs from ever going forward under any court; and

WHEREAS, the Department of Justice opinion, if adopted, would nullify the action of the California Legislature in seeking to open the courts for American POWs pursuing fair compensation for the harm suffered; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports fair and just compensation for the injuries suffered by all American POWs at the hands of their Japanese

captors, and the slave labor they were forced to perform by private Japanese companies during World War II; AND

BE IT FURTHER RESOLVED that we urge the Administration to work with all parties involved in this issue to resolve the claims of these former POWs against the private Japanese companies in an expeditious manner.

⌘ ⌘ ⌘

RESOLUTION NO. 181

SUPPORT CONSTRUCTION OF A MEMORIAL TO COMMEMORATE THE SACRIFICES OF AMERICA'S DISABLED VETERANS

WHEREAS, it has been three decades since the end of the Vietnam War, where large numbers of our youth served in a combat theater and with thousands of combat-related casualties; and

WHEREAS, though the public's reaction to veterans in the aftermath of the Persian Gulf War was exceptionally warm, even the high feeling associated with Operation Desert Storm dissipated long ago; and

WHEREAS, the memory of smaller military actions at the Khobar Towers Barracks in Saudi Arabia, and in Grenada, Beirut, Panama, and Somalia faded with shocking rapidity, dying away even as combat-disabled veterans were still undergoing initial treatment of their wounds; and

WHEREAS, even as Americans now daily face the threat of hostile action in Afghanistan, Iraq, and in the war against terrorism around the world, some of them coming home wounded, awareness of their sacrifices among the American people is not fully known and appreciated; and

WHEREAS, the extent of lack of awareness and appreciation can only increase as the number of veterans in the population as a whole inevitably declines as a result of the passing of those who served during World War I, World War II, the Korean War, and Vietnam; and

WHEREAS, other than the ultimate sacrifice of life itself on the field of battle, no one has given more for the freedom of our Nation and her people than the veterans disabled in all of America's wars and armed conflicts; and

WHEREAS, these circumstances demonstrate a pressing need for permanent, high-profile action to bring the immense sacrifices of disabled veterans to a deeper level of public consciousness; and

WHEREAS, commemorative structures have been placed in distinguished locations throughout Washington, D.C., to commemorate causes and persons of great merit, and the sacrifices of disabled veterans deserve at least as much attention as any of these; and

WHEREAS, a commemorative structure in a prominent location in our Nation's Capital would be extremely useful in permanently reminding the American people of the sacrifices made by disabled veterans; and

WHEREAS, the Disabled American Veterans collaborated with philanthropist Lois Pope to form the Disabled Veterans' LIFE Memorial Foundation to bring about the construction of the American Veterans Disabled for Life Memorial; and

WHEREAS, Congress enacted Public Law 106-348 to authorize the Foundation to undertake fundraising and construct a memorial on Federal Lands near the United States Capitol; and

WHEREAS, success of this most worthy project will require the dedicated effort and support of many persons, as well as the continued support of the Disabled American Veterans; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, supports construction of the American Veterans Disabled for Life Memorial to honor the sacrifices of those veterans disabled while in military service of their country.

⌘ ⌘ ⌘

RESOLUTION NO. 210

ENCOURAGE THE DEPARTMENT OF VETERANS AFFAIRS TO SUBMIT CANDIDATES FOR THE GEORGE H. SEAL MEMORIAL AWARD PROGRAM

WHEREAS, the Disabled American Veterans (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 the DAV and DAV Auxiliary (DAVA) who willingly donate their time and energy to disabled veterans in VA Voluntary Service Programs; and

WHEREAS, at the beginning of each calendar year, the DAV solicits every VA Voluntary Service Program Manager to nominate one deserving member of the DAV and DAVA from their facility in order to be considered for the George H. Seal Memorial Award with little response; NOW

THEREFORE, BE IT RESOLVED that the Disabled American Veterans in the National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, strongly encourages each Voluntary Service Program Manager at every VA medical facility to submit the name of a deserving member of the DAV and DAVA to be considered for this prestigious award in appreciation of their dedication and service to America's veterans through their voluntary service efforts.

⌘ ⌘ ⌘

RESOLUTION NO. 211

ENCOURAGE THE DEPARTMENT OF VETERANS AFFAIRS TO SUBMIT CANDIDATES FOR THE JESSE BROWN MEMORIAL YOUTH SCHOLARSHIP PROGRAM

WHEREAS, the Disabled American Veterans (DAV) created the Jesse Brown Memorial Youth Scholarship Program (JBMYSPP) 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 JBMYSPP will award a total of \$75,000 in 2012 to 8 deserving youth volunteers in the form of a first place \$20,000 scholarship; a second place \$15,000 scholarship; a \$10,000 third place scholarship, two \$7,500 fourth place scholarships and three \$5,000 scholarships; and

WHEREAS, at the beginning of each calendar year, the 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 the Disabled American Veterans in the National Convention assembled in New Orleans, Louisiana, August 6-9, 2011, 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.

⌘ ⌘ ⌘