



2018–2019 LEGISLATIVE PROGRAM

FOREWORD

On Nov. 11, 1918, the United States and her allies achieved a great victory, defeated foreign aggression, rid the seas of marauding U-boats and assured peace in Western Europe. The Great War was won. The “War to End All Wars” was over. She loaded up her troop ships with her soldiers, still muddy from the trenches, their bodies carrying the scars of battle, both visible and invisible, and brought them home to begin their lives as this nation’s newest generation of veterans. They came marching home to ticker tape parades and a grateful nation’s warm embrace. It was not long before these veterans found themselves in a new struggle. This time they were fighting to ensure that long after the last bugle has faded and the last piece of confetti has fallen, the United States would continue to recognize these men and women as the ones who had “borne the battle.”

Ever since the American Revolution, the American service member has sought reimbursement for service in a variety of ways, either by tax exemptions, bonuses, help with education or job assurances, but even these simple requests have fallen by the wayside and promises made were not always promises kept. In the years after World War I, Congress sought goodwill legislation to assist veterans. Times were tough. Only a few months after the war had ended, half of the 4 million soldiers who served had been discharged and the unemployment rate had risen precipitously. The war effort had drained the country’s resources, and little help was available for those who had served, especially the wartime disabled. So legislation was passed that sought to ease the suffering, at least in the long run. The World War Adjusted Compensation Act of 1924 promised bonuses to be paid to World War I veterans that was to be disbursed in 1945. However, when the Great Depression struck and the veterans wanted to access these funds, the government balked. A Bonus Army of 20,000 veterans from across the United States marched on Washington, D.C., and vowed not to leave until they received what was owed to them. The “Bonus Army” occupied the banks of the Anacostia for months until July 1932, when President Hoover called in the Army to forcibly evict the peaceful camp of veterans and their families. In the chaos of that day, three people lost their lives, including a small child. The nation reeled at the news and the realization that our nation’s veterans were set upon by their own military that they had faithfully served. They had now paid for, in blood, the benefits due to all veterans.

Over the following years, DAV and other veterans service organizations banded together to force Congress to enact legislation that disbursed the owed bonuses. This was the beginning of a new era for veterans benefits. Soon, the United States was thrust into a new, larger global war and a new generation of battle-scarred veterans would be homeward bound. This time, the nation vowed to not repeat the mistakes of the past. From 1943 to 1953, Congress enacted some 500 laws affecting veterans benefits and services. The Veterans Administration expanded their services and eventually became their own cabinet-level department. The country began to make the welfare of its veterans a priority.

Now, in the centennial year of the Armistice, we remember our veterans from World War I and their fight to ensure that this nation kept its promises. We remember the men and women who took up this mantle and marched on Washington as part of the Bonus Army, who put their lives on the line so future generations who wear the uniform of our nation’s armed services can rely on this nation to keep its promises to them. We remember the promise that as long as veterans return home, damaged in body or spirit, this nation will do its utmost to make them whole.

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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.

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Ratings and Awards

RESOLUTION NO. 002

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, reminds our elected officials of our undebatable responsibility to fairly and fully compensate veterans for all the effects of disabilities incurred or aggravated in the line of duty as provided for in the equitable standards of current law and regulations; AND

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

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RESOLUTION NO. 003

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

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any attempt to change or modify the VASRD, or the statute and regulations underlying it, which would change the long-standing, accepted and successful policy that ratings shall be based, as far as practicable, upon the average impairments of earning capacity.

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RESOLUTION NO. 004

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks the enactment of legislation that would require the VA to consider private medical evidence supplied by licensed private health care providers to include, but not be limited to, reports from nurse practitioners and physician assistants in private practices.

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RESOLUTION NO. 014

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

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

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

WHEREAS, this offset is extremely unfair to the spouses whose service members faithfully paid premiums in anticipation of a fair annuity; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to repeal the offset between SBP annuity payments and DIC payments; AND

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

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RESOLUTION NO. 029

OPPOSE REDUCTION, TAXATION OR ELIMINATION OF VETERANS BENEFITS

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, vigorously opposes reduction, taxation or elimination of veterans benefits.

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RESOLUTION NO. 030

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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.

§ § §

RESOLUTION NO. 031

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

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

WHEREAS, the calculations regarding COLAs are the domain of the Social Security Administration, using a formula that has been directly linked to the Consumer Price Index 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 United States economy on a very broad basis; stagnant economic activity does not mean disabled veterans' cost of living is flat; in fact, as they age and suffer from associated illnesses of aging, their costs increase; and

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to provide a realistic cost-of-living allowance for our nation's disabled veterans, their dependents and survivors.

§ § §

RESOLUTION NO. 032

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks legislation to exclude veterans disability compensation from countable income for purposes of eligibility for benefits or services under other government programs.

§ § §

RESOLUTION NO. 033

**SUPPORT LEGISLATION THAT SERVICE IN THE WATERS OFFSHORE VIETNAM
ESTABLISHES A PRESUMPTION OF EXPOSURE TO AGENT ORANGE**

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 exist; and

WHEREAS, the dispersion, 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 provided that, for purposes of establishment or presumption of service connection for a disability or death related to herbicide exposure, a veteran who, during active military, naval or air service, must have “served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, [and] 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, title 38 Code of Federal Regulations, § 3.3.7(a)(6)(iii) notes, “Service in the Republic of Vietnam” includes service in the waters offshore; and

WHEREAS, the Department of Veterans Affairs has arbitrarily interpreted “served in the Republic of Vietnam” to mean only service on the landmass of Vietnam and not in offshore waters 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 current 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 to such waters; and

WHEREAS, various illnesses have been linked to and are presumed to be 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 are ineligible for presumption of service connection for herbicide-related disabilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to expressly provide that the phrase “served in the Republic of Vietnam” includes service in the territorial waters offshore.

§ § §

RESOLUTION NO. 036

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to reduce the 10-year rule for DIC qualification to a more reasonable period of time.

§ § §

RESOLUTION NO. 037

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to amend the VA Schedule for Rating Disabilities to provide a temporary total rating for a service-connected veteran amputee during the period required to replace a prosthetic device.

§ § §

RESOLUTION NO. 038

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 039

**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 income, which could have been avoided had they received their earned benefits in a timely fashion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, seeks the enactment of legislation that would require the VA to pay interest on all retroactive benefit awards in excess of one year after these claims are filed.

§ § §

RESOLUTION NO. 040

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 to compensate service-disabled veterans for average impairment of earning capacity; and

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, supports the enactment of legislation to provide a realistic increase in VA compensation rates to address loss of quality of life.

§ § §

RESOLUTION NO. 041

**SUPPORT REINSTATEMENT OF REASONABLE PRESUMPTIVE PERIOD
FOR UNDIAGNOSED ILLNESSES IN GULF WAR VETERANS**

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress to support legislation to remove the delimiting date for disabilities as a result of active-duty service in the Southwest Asia theater of operations.

§ § §

RESOLUTION NO. 042

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

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

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

WHEREAS, military sexual trauma is ever more recognized as a hazard of service for 1 percent of men serving and 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); and

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the VA’s practices in evaluating disability claims associated with military sexual trauma, and urges the VA to conduct rigorous oversight of adjudication personnel and review of data to ensure the present policy is being faithfully followed and standardized in all VA regional offices.

§ § §

RESOLUTION NO. 043

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on Congress to enact legislation to provide presumptive service connection to atomic veterans for all recognized radiogenic diseases; AND

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

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

§ § §

RESOLUTION NO. 044

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, strongly supports legislation which would allow all veterans to recover taxes from their disability severance pay.

§ § §

RESOLUTION NO. 046

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any proposal to means test disability compensation and Dependency and Indemnity Compensation.

§ § §

RESOLUTION NO. 047

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes long-term rounding down COLAs for veterans disability compensation, and compensation to their dependents and survivors.

§ § §

RESOLUTION NO. 048

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to exempt VA benefits and services provided to service-connected disabled veterans, their dependents and survivors from the PAYGO/CUTGO provisions of the Budget Enforcement Act as well as from any budget caps or sequestration legislation.

§ § §

RESOLUTION NO. 049

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports amendment of section 110, title 38, United States Code, to provide that disability ratings in effect be permanently protected after a period of 10 continuous years.

§ § §

RESOLUTION NO. 090

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

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to establish a concession of individual exposures while awaiting conclusions of studies for presumptive diseases and conditions associated with all veterans' related exposures to toxic and environmental hazards; AND

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

§ § §

RESOLUTION NO. 098

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any measure that proposes to offset the payment of any other federal benefit or earned benefit entitlement from VA compensation payments made to service-connected disabled veterans.

§ § §

RESOLUTION NO. 103

SUPPORT LEGISLATION TO INCREASE DISABILITY COMPENSATION

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 104

**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 percent disabled who retire from the armed forces based on length of service do not receive disability compensation from the Department of Veterans Affairs (VA) in addition to full military retired pay; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to repeal the offset between military longevity retired pay and VA disability compensation.

§ § §

RESOLUTION NO. 105

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

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

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

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

WHEREAS, in recent years, the second leading disability granted service connection by the Department of Veterans Affairs was for hearing loss or tinnitus; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports entitlement to service connection on a presumptive basis for any veteran suffering from hearing loss or tinnitus, which manifests itself to any degree and the evidence shows the veteran participated in combat or worked in a position or military occupational specialty likely to cause acoustic trauma.

§ § §

RESOLUTION NO. 106

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to clarify that SSB payments are not disability payments and therefore should not be recouped from VA disability compensation payments.

§ § §

RESOLUTION NO. 107

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress to enact legislation requiring that treatment by the VA for a condition or disease recognized as presumptively service-connected will be considered to be an Intent to File for service connection for compensation purposes.

§ § §

RESOLUTION NO. 108

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 re-evaluation 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 re-evaluating service-connected disabilities and as a way to avoid future liabilities to service-connected disabled veterans when their disabilities worsen or cause secondary disabilities; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any change in law to provide for lump-sum payments of Department of Veterans Affairs disability compensation.

§ § §

RESOLUTION NO. 109

SUPPORT A MORE LIBERAL REVIEW OF OTHER THAN HONORABLE DISCHARGES IN CASES OF PTSD, TBI, MST AND OTHER TRAUMA FOR THE PURPOSE OF ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS BENEFITS AND SERVICES

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports a more liberal review of other than honorable discharges for purposes of receiving VA benefits and health care services in cases of former service members whose PTSD, TBI and MST or other trauma contributed to their administrative discharges characterized as other than honorable.

§ § §

RESOLUTION NO. 111

OPPOSE THE IMPOSITION OF TIME LIMITS FOR FILING COMPENSATION CLAIMS

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, opposes any change in law to limit the time for filing compensation claims.

§ § §

RESOLUTION NO. 148

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes changes in current law so as to redefine and restrict the conditions under which service connection may be established.

§ § §

RESOLUTION NO. 167

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the enactment of legislation to establish service connection for a disease not specifically listed in 38 CFR, section 3.309(a), using chronicity or continuity of symptomatology.

§ § §

RESOLUTION NO. 168

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the elimination of the 30-day requirement for Diseases Associated with Exposure to Contaminants in the Water Supply at Camp Lejeune as it is not based on the potential systemic, external and internal, exposures to the VOCs; predicated on any science; based on any legal requirements; nor consistent with existing laws and regulations concerning presumptive service connection for exposure to toxic substances.

§ § §

RESOLUTION NO. 169

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

WHEREAS, a significantly high number of veterans with hearing impairments have a zero percent or noncompensable 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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the VA 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. 171

**ESTABLISH AN AUTOMATIC WAIVER OF OVERPAYMENTS AND DEBTS
WHERE THE DEPARTMENT OF VETERANS AFFAIRS RECEIVED
THE REQUIRED INFORMATION WITHIN 90 DAYS**

WHEREAS, when a veteran receives Drill Pay and VA Compensation, or dissolves a marriage or removes a dependent from their benefits, this will create an overpayment and potential debt within the Department of Veterans Affairs (VA); and

WHEREAS, when a veteran submits the Notice of Waiver of VA Compensation per Drill Pay or provides proper documentation of divorce, death or request to remove a dependent, in a timely manner, but the VA takes several months in processing and notifying the veteran, thus creating a significant overpayment or debt which results in a financial hardship on the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to enact an automatic waiver of the overpayment and debt if the VA takes over 90 days to process the Notice of Waiver of Compensation for Drill Pay and to process any changes to dependency; AND

BE IT FURTHER RESOLVED THAT the 90 days would start on the date the VA received the Notice of Waiver of Compensation for Drill Pay and any information to change dependency status; AND

BE IT FURTHER RESOLVED that this includes any dependency information that is shared or submitted to any VA facility, to include medical centers, clinics and national cemeteries.

§ § §

RESOLUTION NO. 172

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to reform the VA overpayment and debt collection systems; AND

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

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

BE IT FURTHER RESOLVED that DAV supports legislation that any additional amounts of debt created by the VA's lack of timely action not be the veteran's responsibility.

§ § §

RESOLUTION NO. 174

SUPPORT LEGISLATION THAT RECOGNIZES PRESUMPTIVE SERVICE CONNECTION FOR HYPERTENSION, BLADDER CANCER, HYPOTHYROIDISM AND PARKINSON-LIKE TREMORS AS RELATED TO EXPOSURE TO AGENT ORANGE AND HERBICIDES

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 exist; and

WHEREAS, the National Academy of Medicine (NAM) delivered its report, Veterans and Agent Orange; Update 2014 to the Department of Veterans Affairs (VA) in March 2016, after reviewing medical and scientific literature published from October 1, 2012, through September 30, 2014, NAM found evidence to support changing the strength of association of herbicide exposure and these ailments; and

WHEREAS, in the case of bladder cancer, hypertension and hypothyroidism, NAM found “limited or suggestive” evidence of an association to herbicide exposure; and

WHEREAS, when Parkinson’s and ischemic heart disease were added to the presumptive list, “limited or suggestive” evidence was judged strong enough; and

WHEREAS, NAM also studied whether Parkinson’s-like symptoms should fall into the same “limited and suggestive” category as Parkinson’s disease itself; and

WHEREAS, NAM found no rational basis for excluding Parkinson’s-like symptoms from the same risk category; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to add bladder cancer, hypertension, hypothyroidism and Parkinson’s-like symptoms to the presumptive list in title 38, Code of Federal Regulations, section 3.309(e).

§ § §

RESOLUTION NO. 175

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, proposes that the VA amend its regulations to increase the maximum evaluation for an individual with migraine headaches from the current 50 percent evaluation to a 60 percent rating to more appropriately address the industrial impairment attributable to that level of disability.

§ § §

RESOLUTION NO. 176

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

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

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

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

WHEREAS, the VA manual M21-1 acknowledges herbicides were used at eight specific Thailand Royal Air Force bases; and

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any change of definition of herbicides that would limit service connection only to those veterans physically in Vietnam.

§ § §

RESOLUTION NO. 185

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

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

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

WHEREAS, when a child is placed in the legal custody or guardianship of a veteran, the child does not meet the above criteria as a dependent for the Department of Veterans Affairs (VA) purposes; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to amend the definition of a child to include those placed into legal custody or guardianship of the veteran, even if on a temporary basis.

§ § §

RESOLUTION NO. 199

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the Secretary of Veterans Affairs to consider expanding the presumptive list to include all conditions set in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112–154) that were not previously included.

§ § §

RESOLUTION NO. 200

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

WHEREAS, during the Vietnam War, American military personnel stationed at air bases in Thailand were exposed to herbicides; and

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on Congress to support legislation to provide presumptive service connection for illnesses and diseases related to herbicide exposure in veterans who were stationed at air bases in Thailand during the Vietnam War.

§ § §

RESOLUTION NO. 201

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

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

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

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

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

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

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

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

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

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

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

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

Airborne polychlorinated biphenyls (PCBs) from the Monsanto plant in the neighboring town; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls upon Congress to immediately introduce legislation to authorize scientific studies of the environmental and toxic exposures at Fort McClellan; AND

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

§ § §

RESOLUTION NO. 238

SUPPORT LEGISLATION TO IMPROVE THE DEPARTMENT OF VETERANS AFFAIRS FIDUCIARY PROGRAM

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

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

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

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

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

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

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

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

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

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

WHEREAS, the Department of Justice (www.justice.gov/elderjustice/va-benefits-fraud-0) is giving out wrong information to veterans of VA fiduciary abuse, such as referring veterans to VA OIG; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation and changes to applicable regulations that require the VA to improve the VA Fiduciary Program by creating a better monitoring system, a timely dispute resolution system when beneficiaries make complaints, initiate investigations based on suspected reports of fiduciary fraud rather than putting the burden of proof on the vulnerable veteran, and make an outside agency, such as VA OIG, responsible for investigating complaints of VA employees who work in the VA Fiduciary Program and fiduciary hubs.

§ § §

RESOLUTION NO. 259

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, supports a change in section 4.30, title 38, Code of Federal Regulations, to provide a temporary total rating of a veteran if treatment or exacerbation of a service-connected disability results in a condition of temporary total incapacity for employment or temporary unavailability for employment by reason of home health care or ambulatory care, bed rest or confinement to the home, or contraindication of work activities for one month or more.

§ § §

RESOLUTION NO. 261

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

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

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, vigorously supports the Department of Veterans Affairs' (VA's) expeditious handling of Persian Gulf War veterans' claims and the payment of fair and just compensation for those diagnosed and undiagnosed conditions associated with their service in the Persian Gulf theater or related exposures to certain chemical, biological and environmental toxins; AND

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

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

§ § §

RESOLUTION NO. 262

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports amendment of section 4.130, title 38, Code of Federal Regulations, to formulate different criteria to evaluate the various mental disorders under the appropriate standards applicable to each diagnosis.

§ § §

RESOLUTION NO. 263

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

WHEREAS, section 3902, title 38, United States Code, and section 17.119(a), title 38, Code of Federal Regulations, restrict the eligibility for adaptive automobile equipment to those veterans who qualify for the automobile grant as specified in 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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 264

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to increase the automobile grant level to an amount representing 80 percent of the average cost of new automobiles; AND

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

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

§ § §

Claims and Appeals Procedures

RESOLUTION NO. 015

SUPPORT MEANINGFUL APPEALS PROCESSING REFORM

WHEREAS, over the past few years, the Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) has undergone significant transformation to modernize the benefit claims process and worked diligently to reduce the backlog of pending claims; and

WHEREAS, due to VBA's concentrated efforts to reduce the disability compensation claims backlog, the processing of appeals of claims was considered a lesser priority, resulting in a growing backlog of pending appeals; and

WHEREAS, as of June 30, 2017, there were over 470,000 appeals pending, roughly 320,000 within VBA's jurisdiction and approximately 150,000 within the jurisdiction of the Board of Veterans' Appeals (Board), creating long wait times for veterans to get decisions on their appeals; and

WHEREAS, the Board also faces serious processing delays due to its workload and resource mismatch; and

WHEREAS, without commensurate resources, emphasis and urgency directed toward appeals processing at both VBA and the Board, veterans will continue to experience excessive delays for decisions while the appeals backlog continues to grow; and

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

WHEREAS, throughout this process, claimants would have the ability to request hearings and submit evidence, protect their earliest effective dates and have all of their due process rights protected; and

WHEREAS, legislation and additional resources are necessary to successfully accomplish appeals reform efforts in VBA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on Congress to pass legislation that supports significant and meaningful appeals processing reform to address the VA's overall appeals workloads; AND

BE IT FURTHER RESOLVED that representatives of veterans service organizations with service programs should be included in the implementation phase of the appeals reform process and that Congress should provide continued oversight to ensure the VA has adequate resources to accomplish appeals reform; AND

BE IT FURTHER RESOLVED that Congress should provide continued oversight during the reform period and must ensure that adequate resources are provided throughout the implementation and operation of this new system, particularly to resolve the backlog of legacy appeals, as well as provide regular oversight to monitor and measure the VA's progress so these reforms achieve their intended purpose.

§ § §

RESOLUTION NO. 050

OPPOSE REGIONAL DISPERSION OF THE BOARD OF VETERANS' APPEALS

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, categorically opposes any decentralization of the Board of Veterans' Appeals.

§ § §

RESOLUTION NO. 051

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, 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. 052

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation that would require the Court to decide each assignment of error and to reverse any such errors found; AND

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

§ § §

RESOLUTION NO. 260

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the allocation of VA resources either to the Board of Veterans Appeals or via the National Work Queue, to grant, authorize and promulgate all cases advanced on the docket and granted by the Board of Veterans' Appeals within 30 days of the decision.

§ § §

Housing, Insurance, Cemeteries and Burial

RESOLUTION NO. 053

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 specially adapted housing award under section 2101(a), title 38, United States Code; and

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks the enactment of legislation which would extend VMLI to service-connected veterans who are rated as permanently and totally disabled.

§ § §

RESOLUTION NO. 054

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to increase the burial allowance payable in the case of death due to service-connected disability regardless of whether the death occurs in a VA facility and provide for automatic annual adjustments indexed to the rise in the cost of living.

§ § §

RESOLUTION NO. 055

INCREASE THE HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS GRANT

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls for a reasonable increase in HISA benefits for veterans.

§ § §

RESOLUTION NO. 265

**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, do not apply for this insurance within the two-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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 266

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

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

WHEREAS, coverage for service members 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 S-DVI 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 insurance coverage for their own service-connected disabilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, supports legislation to amend section 1922, title 38, United States Code, to provide that S-DVI premiums will be based on current mortality tables.

§ § §

RESOLUTION NO. 267

**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 S-DVI for totally disabled veterans constitutes an inequity based on prior established standards; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to allow for waiver of premiums for any supplemental S-DVI for totally disabled veterans that may be authorized by future legislation; AND

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

§ § §

RESOLUTION NO. 268

INCREASE THE FACE VALUE OF SERVICE-DISABLED VETERANS LIFE 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 nonparticipating 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 coverage was set by law 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 the act did not increase coverage for other service-connected disabled veterans with lower disability ratings; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, 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. 273

PROVIDE WEEKEND BURIALS AT NATIONAL CEMETERIES

WHEREAS, scheduling a weekend burial at a national cemetery is not current policy; and

WHEREAS, Public Law 114–315 requires the National Cemetery Administration (NCA) to study the feasibility of weekend burials; and

WHEREAS, NCA operates 135 national cemeteries; and

WHEREAS, available cemetery benefits include a gravesite in any national cemetery with available space, opening and closing of the grave, perpetual care, a government headstone or marker, a burial flag, and a Presidential Memorial certificate, at no cost to the family; and

WHEREAS, the NCA works to continuously improve customer satisfaction, meeting the wishes of veterans and their loved ones; and

WHEREAS, providing weekend burial at a national cemetery eases scheduling and lightens the burden on veterans’ survivors, many of whom may need to travel great distances to pay their last respects and honor their loved one as he or she is laid to rest; and

WHEREAS, DAV and other veterans service organizations often provide volunteers who conduct military honors at funeral service burials; and

WHEREAS, weekend burial at national cemeteries will allow more volunteers an opportunity to participate in military honor guard at funeral services due to scheduling; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks legislation that would authorize weekend burials for service-connected veterans at cemeteries operated by the NCA.

§ § §

Hospital and Medical Care

RESOLUTION NO. 006

**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, the VA is recognized as the best health care system in the United States, and for providing high-quality health care services; and

WHEREAS, by using the VA health care system, the President, Vice President and members of Congress would be in a better position to judge the resource needs of the VA to enable it to provide timely quality health care to our nation's veterans; and

WHEREAS, similar to the members of the military, the President, Vice President and most members of Congress are required to spend a significant amount of time away from their homes, families and friends while Congress is in session; and

WHEREAS, because of the patriotism, devotion and sacrifices of our President, Vice President and members of Congress, ours is the most free nation on earth, where our citizens enjoy unequaled rights, privileges and prosperity; and

WHEREAS, the President, Vice President and members of Congress should therefore be granted the privilege of using the VA health care system for their health care needs; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, supports legislation to require the President, Vice President and members of Congress to enroll in VA health care services and receive health care exclusively from the VA health care system.

§ § §

RESOLUTION NO. 007

SUPPORT STATE VETERANS HOME PROGRAM

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

WHEREAS, under title 38, United States Code, the Department of Veterans Affairs (VA) is authorized to make per diem payments up to 50 percent of the national average cost of care in State Veterans Homes; and

WHEREAS, the VA is also authorized to enter into provider agreements with State Veterans Homes to pay the full cost of care provided to veterans with 70 percent or higher service-connected disabilities or who require nursing home care for service-connected disabilities; and

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

WHEREAS, there are over 161 State Veterans Homes 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, the State Veterans Home program is recognized as the lowest cost among all institutional nursing care alternatives used by the VA; and

WHEREAS, recognizing the growing long-term health care needs of elder veterans, the State Veterans Home program and innovations in delivering needed services will continue to be a major partner with the VA in meeting the health care needs of aging veterans; and

WHEREAS, more State Veterans Homes must continue their cultural transformation away from traditional State Homes, providing long-term services and supports that emphasize veterans direction and staff empowerment through small-home-model community living centers which studies show have a positive impact on the quality of care, improve veterans social interactions, and enhance staff engagement, reducing staff turnover; and

WHEREAS, the evidence also suggests that the costs of construction and operation of the small house model can be less or no more than those associated with constructing traditionally designed nursing homes, with some State Homes already favoring the small home design; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on Congress and the VA to support the use of small home design when constructing new or renovating State Veterans Homes; AND

BE IT FURTHER RESOLVED that DAV supports sufficient funding for the State Home Construction Grant Program to include the renovation to and construction of small house model; AND

BE IT FURTHER RESOLVED, that DAV 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.

§ § §

RESOLUTION NO. 008

IMPROVE TIMELY REIMBURSEMENTS BY DEPARTMENT OF VETERANS AFFAIRS FOR PURCHASED CARE, PROTECT VETERANS FROM DEBT COLLECTION AND ADVERSE CREDIT REPORTING FROM SUCH CARE

WHEREAS, the Department of Veterans Affairs (VA) is authorized to provide a full continuum of health care to all service-connected veterans enrolled in the VA health care system, including preventive, primary, acute, specialty and rehabilitative care as well as pharmaceutical, mental health and readjustment counseling services; and

WHEREAS, to ensure veterans are able to receive timely comprehensive care, the VA has numerous and complex community care authorities through which veterans may receive care at non-Department facilities; and

WHEREAS, veterans who are treated by private providers under any of the VA's authorizations should not be under any financial obligation to defray the full costs of such referred care; and

WHEREAS, in recent years, the use of purchased care has increased rapidly and now accounts for nearly 16 percent of overall VA medical care expenditures; and

WHEREAS, the VA's administrative processes and resource allocation have not kept pace with the necessity of prompt payments to a growing number of private providers who treat veterans under these community care authorities; and

WHEREAS, in innumerable cases service-connected veterans have been billed directly for the full cost of care despite the VA's obligation to pay, and requirement to pay in a timely fashion; and

WHEREAS, should service-connected veterans be without the means to rectify debt assigned by private providers when VA payment is delinquent, providers are referring such delinquent debt to debt collection agencies as well as reporting such debt to credit reporting agencies, adversely affecting these veterans' creditworthiness when in fact no justification supports such collection actions or credit reporting; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to improve its administrative practices to promptly pay private providers for care to veterans under any VA purchased care authorization; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation to properly protect veterans' credit ratings and delay collections actions in cases in which veterans, including service-disabled veterans, are being adversely affected because of delayed reimbursement to private providers.

§ § §

RESOLUTION NO. 009

**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 33 percent of veterans enrolled for Department of Veterans Affairs (VA) health care are classified by the 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 the VA to establish the Veterans Health Administration 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 the VA \$250 million annually in funding to support enhancements to rural health care; and

WHEREAS, the VA has funded nearly 600 projects and programs, authorized new mobile rural clinics in Veterans Integrated Service Networks (VISNs), appointed "Rural Health Consultants" in each of VA's 18 VISNs, and is conducting regularly scheduled meetings of the VA's Rural Veterans Advisory Committee; and

WHEREAS, the 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, the VA has established and is operating over 1,050 community-based outpatient centers and clinics, of which nearly half are located in areas considered by the VA to be rural or highly rural; and

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

WHEREAS, the VA cannot cost-effectively justify establishing additional remote facilities in areas with sparse veteran populations given current circumstances, and therefore should be empowered by Congress to award grants from designated rural appropriations to selected providers in those circumstances where providing direct the VA care is impracticable; 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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, fully supports the right of rural veterans to be served by the VA, including through rural health grants in certain circumstances, 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; AND

BE IT FURTHER RESOLVED that DAV 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. 017

**SUPPORT LEGISLATION TO IMPROVE AND PROVIDE
COMPREHENSIVE SERVICES FOR CAREGIVERS OF SEVERELY
WOUNDED, INJURED AND ILL VETERANS FROM ALL ERAS**

WHEREAS, severely disabled veterans present great challenges to the Department of Defense (DoD) and the Department of Veterans Affairs (VA) for acute, rehabilitative and long-term care health needs; and

WHEREAS, immediate family members and dependents are involved in the care and rehabilitation of severely injured veterans, often with little to no relief; and

WHEREAS, families or other individuals caring for severely wounded, injured and ill veterans shoulder a great and lifelong burden as home and institutional caregivers and attendants, often giving up or severely restricting their employment, future financial security, education and social interactions, and suffering severe financial and personal penalties as a consequence in order to care for a severely ill loved one; and

WHEREAS, DAV commissioned a veterans caregiver survey and report published in 2017 which describes that family caregivers of veterans have been in this role on average for nearly 10 years, and that nearly one-third of family caregivers provide eight or more hours of care each day, of which over 12 percent provide 16 or more hours of care a day; and

WHEREAS, the DAV report confirmed that despite a government that provides some services to support family caregivers of veterans, over 80 percent indicate they do not receive those services most important to them such as medical training, caregiver education, home health aide services, respite care and direct financial assistance; and

WHEREAS, 25 percent of family caregivers report their veteran would need to be placed into institutional care, such as a skilled nursing or assisted living facility, now and another 50 percent in the future; and

WHEREAS, in the absence of such caregivers, the burden of direct care would fall on DoD and VA facilities or other institutions, at significantly higher financial cost and a reduced quality of life for these veterans; and

WHEREAS, the United States government owes its highest obligation to those who are put in harm's way at the call of the nation, and become wounded, injured and ill as a consequence of that service; and

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

WHEREAS, in equity and fairness, caregivers of all severely disabled veterans should be afforded generous relief, assistance and care for the duration of the lives of veterans injured or made ill by military service to our nation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on the VA to dedicate appropriate resources and support needed to timely implement, and for congressional oversight of, the expansion of the Comprehensive Family Caregiver Support program required by Public Law 115–182; AND

BE IT FURTHER RESOLVED that DAV calls on Congress to ensure the VA receives the resources needed to timely and equitably provide comprehensive supports and services to caregivers of all veterans severely injured, wounded or ill from military service; AND

BE IT FURTHER RESOLVED that DAV supports legislation that would improve and expand access to comprehensive caregiver support services, including but not limited to financial support, adequate health and homemaker services, respite, education and training, and other necessary relief, to caregivers of veterans from all eras of military service; AND

BE IT FURTHER RESOLVED that Congress and the VA must create and execute a strategic plan for military and veteran caregiver research, including longitudinal surveys and assessments, to evaluate current programs and services, and monitor the health and well-being of caregivers to ensure the program's effectiveness and better inform policymakers.



RESOLUTION NO. 018

**PROVIDE COMPREHENSIVE DENTAL CARE TO ALL
SERVICE-CONNECTED DISABLED VETERANS WITHIN THE
DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM**

WHEREAS, DAV recognizes that oral health is integral to the general health and well-being of a patient and is part of comprehensive health care; and

WHEREAS, the Department of Veterans Affairs (VA) health care system is mandated under section 1712, title 38, United States Code, to provide outpatient dental services to veterans rated 100 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, section 1701(9), title 38, United States Code, defines “preventive health services” as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA health care, to include “such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care”; and

WHEREAS, according to the 2000 report by the Surgeon General of the United States, Oral Health in America, individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health, and that oral diseases are progressive, cumulative and become more complex over time, and can affect economic productivity and compromise the ability to work, and often significantly diminish the quality of life; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to amend title 38, United States Code, to provide outpatient dental care to all enrolled service-connected disabled veterans.

§ § §

RESOLUTION NO. 019

SUPPORT ENHANCED MEDICAL SERVICES AND BENEFITS FOR WOMEN VETERANS

WHEREAS, the number of women serving in our military and veterans population continues to grow, with women now comprising 10 percent of all veterans and 16 percent of our active-duty service members; and

WHEREAS, women are now included in virtually all military occupations, including combat roles that expose them to the same injuries as male peers; and

WHEREAS, the number of women veterans using Department of Veterans Affairs (VA) health care has doubled in the last decade, and women of recent service eras are younger, more likely to have service-connected conditions and are more reliant upon VA health care; and

WHEREAS, 42 percent of women veteran users of VA care are under the age of 45 and therefore within their child-bearing years, and their gender-specific needs represent challenges to the current model and delivery of VA health care, which has traditionally focused on men; and

WHEREAS, significant numbers of women veterans, including those returning from current military deployments, are the primary or sole providers of dependent children, which can limit their ability to access services in inpatient, intensive outpatient or residential settings that have traditionally been available to address post-deployment mental health readjustment needs; and

WHEREAS, a significant number of women report military sexual trauma and domestic violence and need specialized mental health services from the VA; and

WHEREAS, the VA has too few proficient, knowledgeable health care providers with expertise in women's health; and many facilities fail to adequately address environment of care standards that assure the safety, privacy and dignity of women patients; and

WHEREAS, many non-VA health providers which fill important gaps in VA services for women veterans, including mammography, maternity care and gynecology, lack the informatics to assure they are meeting VA care standards, including waiting times; and

WHEREAS, the VA must improve outreach and services to meet the unique needs of women veterans who were catastrophically wounded, suffering amputations, blindness, spinal cord injury, post-traumatic stress, traumatic brain injury, or who were sexually assaulted; and

WHEREAS, DAV's 2014 report, *Women Veterans: The Long Journey Home* found that despite a generous array of benefits to assist veterans with transition and readjustment following military service, serious gaps are evident for women in every aspect of existing federal programs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks to ensure the provision of health care services and specialized programs, inclusive of gender-specific services, by the VA to eligible women veterans are provided to the same degree and extent that services are provided to eligible male veterans, inclusive of counseling and/or psychological services incident to combat exposure or sexual trauma; AND

BE IT FURTHER RESOLVED, that we urge the VA to strictly adhere to stated policies regarding privacy and safety issues relating to the treatment of women veterans and to proactively conduct research and health studies as appropriate; periodically review, adjust and improve its women's health programs; and seek innovative methods to address barriers to care, thereby better ensuring women veterans receive the quality treatment and specialized services they so rightly deserve.

§ § §

RESOLUTION NO. 022

SUPPORT DEPARTMENT OF VETERANS AFFAIRS MEDICAL AND PROSTHETIC RESEARCH PROGRAMS

WHEREAS, to restore the wounds and injuries, to maintain the health of veterans of prior conflicts, and to develop new treatments for veterans wounded and injured in today's and future conflicts, the Department of Veterans Affairs (VA) Medical and Prosthetic Research program provides a vital service and investment for veterans; and

WHEREAS, funded VA researchers are studying injuries and illnesses emanating from war, such as traumatic brain injury, burns, paralysis and amputations, and illnesses and diseases that disproportionately appear in the wartime veteran population, such as toxic environmental exposures, numerous organic illnesses, and post-traumatic stress disorder and other associated mental health sequela of war; and

WHEREAS, VA researchers have been recognized by multiple awards of Nobel Prizes, Lasker Awards (the "American Nobel Prize"), and many other public and private emblems of achievement, for elevating the standards of health care not only for wounded and injured veterans but for people all around the world, including publication of tens of thousands of research developments in peer-reviewed medical literature; and

WHEREAS, VA researchers contribute directly to the health of veterans by serving as clinical providers in VA health care facilities, and carry out important faculty and attending duties to sustain the VA's affiliations with the nation's schools of health professions, thereby elevating the standards of health care for all; and

WHEREAS, VA research is conducted only after rigorous scientific peer review, supervised by institutional review boards, and only in conformance with the Common Rule and other ethical and humanitarian constraints to ensure informed consent and safety of all research volunteers, and the efficacy of approved research projects; and

WHEREAS, the VA's clinician-scientists in the VA Rehabilitation Research and Development Service, who constitute the world's foremost scientists working in this field, invent and adapt specialized prosthetic, orthotic and other appliances, supports and treatments, using numerous ground-breaking technologies to improve the lives of countless numbers of severely disabled veterans, including many members of DAV; and

WHEREAS, the annual VA Medical and Prosthetic Research appropriation constitutes less than one-tenth of 1 percent of the VA's health care budget, but research funding has been subjected to proposed reductions, and its annual appropriation fails even to account for uncontrollable research inflation; and

WHEREAS, an independent report to the VA and Congress has identified almost \$800 million in repairs, restorations and replacements that are needed for the VA's research laboratories, some of which involve life and safety risks for VA employees and veteran volunteers, but neither the VA nor Congress has provided designated funding to address these needs; and

WHEREAS, information technology research is considered an important tool to improve health care allowing medical researchers to determine the effectiveness of a particular treatment for a given population or to discover the harmful side effects of an intervention; and

WHEREAS, this requires dedicated resources to the development, operations and maintenance of information technology proportional to the resources provided the VA Medical and Prosthetic Research budget; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, strongly supports the VA's Medical and Prosthetic Research program as a vital investment in the future, affecting wounded, injured and ill veterans, and urges the VA and Congress to adequately fund this program by ensuring there is adequate eradication and infrastructure and information technology deficits, so that it may continue its remarkable traditions in helping veterans recover and rehabilitate, to improve the quality of their lives.

§ § §

RESOLUTION NO. 023

SUPPORT DEPARTMENT OF VETERANS AFFAIRS RESEARCH INTO THE MEDICAL EFFICACY OF CANNABIS FOR SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, the Controlled Substances Act of 1970 classifies cannabis as a Schedule I substance, determined to have a high potential for abuse and no accepted medical use, making illegal the possession and use of cannabis even under a medical nature; and

WHEREAS, across 29 states, the District of Columbia, and the territories of Guam and Puerto Rico, state medical marijuana laws vary greatly, but all recognize the therapeutic effect of cannabis and cannabinoids; and

WHEREAS, the growing accessibility of cannabis and acceptance of its use for medical purposes by states set against federal law have raised important issues including public health concerns; and

WHEREAS, the lack of any amalgamated knowledge of cannabis-related health effects has led to uncertainty about what, if any, are the harms or benefits from its use; and

WHEREAS, the National Academies of Sciences, Engineering and Medicine conducted a rigorous review of scientific research published since 1999 about what is known about the health impacts of cannabis and cannabis-derived products—such as marijuana and active chemical compounds known as cannabinoids—ranging from their therapeutic effects to their risks; and

WHEREAS, the study, published on January 12, 2017, considered more than 10,000 scientific abstracts, many of which did not have control study groups, to reach nearly 100 conclusions; and

WHEREAS, the study found evidence to support that patients who were treated with cannabis or cannabinoids were more likely to experience a significant reduction in pain symptoms; oral cannabinoids provided relief for multiple sclerosis-related muscle spasms; and there was conclusive evidence the use of certain oral cannabinoids was beneficial for patients with chemotherapy-induced nausea and vomiting; and

WHEREAS, the study suggests that cannabis use increases certain risks, including but not limited to being involved in a motor vehicle accident; developing schizophrenia, other psychoses and social anxiety disorders; and developing cannabis-use disorder; and

WHEREAS, this and other studies in their entirety are not conclusive, comprehensive clinical studies of cannabis, cannabis-derived products and their delivery systems are needed to prove medical efficacy for veterans who receive health care as provided by the Department of Veterans Affairs (VA); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports more comprehensive and scientifically rigorous research by the VA into the therapeutic benefits and risks of cannabis and cannabis-derived products as a possible treatment for service-connected disabled veterans.

§ § §

RESOLUTION NO. 024

REQUIRE THE SECRETARY OF VETERANS AFFAIRS TO INCREASE EFFICIENCY IN THE RECRUITMENT, HIRING AND CREDENTIALING OF CERTAIN HEALTH CARE PROFESSIONALS UNDERGOING SEPARATION FROM THE ARMED SERVICES

WHEREAS, the Department of Veterans Affairs (VA) has demonstrated difficulty in timely filing vacant health care positions required to meet the needs of service-connected disabled veterans; and

WHEREAS, active members of the armed forces serve in a health care capacity and are being discharged from the armed forces under honorable conditions, and looking for work; and

WHEREAS, veterans should receive hiring priority with the VA; and

WHEREAS, the VA historically takes an excessive amount of time to recruit, screen and hire new employees, actions that could be expedited by hiring qualified veterans with current training and background checks; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to require the VA to carry out a program to increase efficiency in the recruitment and hiring by the VA of health care workers that are undergoing separation from the armed forces and to create uniform credentialing standards for certain health care professionals of the VA.

§ § §

RESOLUTION NO. 065

SUPPORT LEGISLATION TO CREATE A REHABILITATIVE SPECIAL EVENTS OFFICE WITHIN THE VETERANS HEALTH ADMINISTRATION

WHEREAS, the Department of Veterans Affairs (VA) and several congressionally chartered veterans service organizations co-sponsor national rehabilitative special event programs for veterans receiving health care from VA 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 (VHA), 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 the VA's extensive rehabilitation programs, they are also beneficial to veterans, helping many to overcome or mitigate the physical and emotional impact of severe disabilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to create an office within VHA to oversee these rehabilitative special events and to provide a separate account in the VA appropriation for the national rehabilitative special events office so the VA can continue to contribute its fair 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 VHA in the new office recommended herein.

§ § §

RESOLUTION NO. 066

**SUPPORT NEW MODELS OF CARE WITHIN THE DEPARTMENT
OF VETERANS AFFAIRS FOR VETERANS WITH DEMENTIA**

WHEREAS, the Department of Veterans Affairs (VA) faces a large and growing number of veterans with dementia, including Alzheimer's disease and other organic diseases of the brain, which is prevalent in more than 774,000 veterans, including over 400,000 veterans enrolled in VA health care; and

WHEREAS, dementia is a chronic and incurable condition, costing the VA three times more than the average patient; and

WHEREAS, dementia impairs key executive functions, such as memory and cognition, including language, insight, judgment, and ability to plan; diminishes the ability for self-care; triggers behavioral and psychological problems; and creates a heavy burden on caregivers; and

WHEREAS, dementia is difficult to diagnose and is often missed by clinicians, creating gaps in care for these veterans; and

WHEREAS, several studies have raised concern that depression, traumatic brain injury and post-traumatic stress disorder may be linked to an increased risk of Alzheimer's disease; and

WHEREAS, the VA's failure to provide necessary supports to family caregivers of dementia patients damages their psychosocial well-being; and

WHEREAS, there will be 423,000 new cases of Alzheimer's and other dementias among veterans in the decade ending in 2020; and

WHEREAS, through demonstration projects, the VA has developed effective new models of dementia care that are capable of providing integrated care across health care settings, but these projects may be phased out due to lack of VA leadership and resources; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, urges the VA to increase support and resources for effective initiatives to improve dementia care for veterans; AND

BE IT FURTHER RESOLVED that DAV urges the VA to implement in VA facilities nationwide its best models of integrated dementia care based on proven demonstration projects, to ensure patient-centered, high-quality and cost-effective care is provided to the growing number of veterans suffering from dementia.

§ § §

RESOLUTION NO. 069

IMPROVE THE CARE AND BENEFITS FOR VETERANS EXPOSED TO MILITARY TOXIC AND ENVIRONMENTAL HAZARDS

WHEREAS, veterans of all military conflicts from the World Wars to the wars in Iraq and Afghanistan have been exposed to environmental hazards and man-made toxins, including cold and other adverse weather conditions; mustard gas; herbicides; pesticides; chemical, biological and radiological agents; “burn pits”; and other combat and military occupational exposures; and

WHEREAS, returning from war, some veterans subsequently suffer disabling conditions and symptoms of illnesses that may be difficult to medically diagnose, and not be immediately identified as consequential to such dangerous exposures; and

WHEREAS, research conducted by the National Institutes of Health, the Departments of Defense (DoD) and Veterans Affairs (VA), and other federal departments and agencies has focused on associations linking toxic and environmental exposures with subsequent health status of veterans (and in the case of Vietnam veterans, some of their children); and

WHEREAS, sustained funding for such research is necessary to ensure veterans receive high-quality health care services and adequate compensatory benefits to which they are entitled due to diseases or injuries incurred from hazardous military exposures; and

WHEREAS, in studies mandated by Congress in public law, the National Academy of Sciences continues to review and evaluate scientific literature to determine whether associations exist that connect a variety of military exposures and certain physical disorders within populations of veterans; and

WHEREAS, effective evidence-based medicine to treat individual patients with acute or chronic diseases must rely on scientifically valid biomedical research and peer-reviewed literature; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and the VA to determine validations of, and develop equitable compensation policy for, environmentally exposed veterans; AND

BE IT FURTHER RESOLVED that DAV urges Congress to provide adequate funding for research to identify all disabling conditions and effective screening and treatment for such disabilities that may have been caused by exposure to environmental hazards and man-made toxins while individuals served in the armed forces of the United States; AND

BE IT FURTHER RESOLVED that DAV urges greater collaboration between DoD and the VA to share necessary deployment, health and exposure data from military operations and deployments, in order to timely and adequately address the subsequent health concerns of disabled veterans, whatever the causes of those disabilities; AND

BE IT FURTHER RESOLVED that DAV intends to closely monitor programs of care within the Veterans Health Administration to ensure veterans disabled by exposure to environmental hazards and man-made toxins receive effective, high-quality health care, and that the biomedical research and development programs of the Department are fully addressing their needs.

§ § §

RESOLUTION NO. 075

**ESTABLISH URGENT CARE BENEFIT AND IMPROVE ADMINISTRATION OF
EMERGENCY CARE BENEFIT FOR SERVICE-CONNECTED VETERANS**

WHEREAS, the Department of Veterans Affairs (VA) aims to provide enrolled veterans a uniform benefits package that emphasizes preventive and primary care, and provides a comprehensive health care benefit plan including hospital, outpatient and long-term care; and

WHEREAS, a health care benefits package is incomplete without appropriate access to and coverage for urgent and emergent care; and

WHEREAS, VA is not authorized to reimburse veterans for urgent care, which is typically lower cost than emergency treatment, and encourages health care in the appropriate setting; and

WHEREAS, emergency treatment statutory authorities, regulations, processes, and procedures are complex, inconsistently applied across the Veterans Health Administration and cause significant confusion for VA staff, veterans and community care providers; and

WHEREAS, many denied claims are the result of inconsistent application of the “prudent layperson” standard from claim to claim and confusion among veterans about whether they are eligible to receive emergency treatment through community care providers; and

WHEREAS, denied VA claims from inconsistent application of reimbursement policies have resulted in billions of dollars becoming the liability of veterans, resulting in serious financial challenges for thousands of individuals; and

WHEREAS, fear of incurring enormous financial liability from denied VA payment or reimbursement for emergency care causes many veterans to avoid or otherwise delay seeking or contacting emergency medical services; and

WHEREAS, Congress over the years enacted legislation to address barriers to emergency care and payment or reimbursement for such care for disabled veterans due to the VA’s narrow interpretation of the existing authority for emergency care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to amend title 38, United States Code, to include urgent and emergency care as part of the VA’s medical benefits package; AND

BE IT FURTHER RESOLVED that DAV supports legislation that would simplify the eligibility for urgent and emergency care paid for by the VA; AND

BE IT FURTHER RESOLVED that DAV urges the VA to provide a more liberal and consistent interpretation of the law governing reimbursement to veterans who have received emergency care at non-VA facilities.

§ § §

RESOLUTION NO. 076

INCREASE HEALTH CARE CAPACITY AT DEPARTMENT OF VETERANS AFFAIRS FACILITIES BY OPERATING EXTENDED HOURS AND WEEKENDS

WHEREAS, the Veterans Health Administration (VHA) is committed to provide quality care for eligible veterans when they want and need care; and

WHEREAS, VHA has made significant progress to improve access to health care services as the needs and preferences of the veteran patient population evolved; and

WHEREAS, many service-connected disabled veterans employed in the civilian workforce may already receive from their employers reasonable accommodations for employment, yet require more flexible VA medical facility operating hours to meet their health care needs; and

WHEREAS, regular business hours for VHA services are considered to be from 8:00 a.m. to 4:30 p.m., Monday through Friday, but offering extended operating hours could ease the burden on service-connected disabled veterans in balancing family, employment, community obligations and other commitments; and

WHEREAS, chronic staffing challenges work against extended operating hours, adversely affecting patients from receiving health care on a timely basis; and

WHEREAS, Congress enacted Public Law 114-286 with the express desire to allow veterans to self-schedule, modify and cancel appointments at any time for primary care, specialty care and mental health care; and

WHEREAS, local workload data; no-show rates; cancellation rates; and feedback from the self-appointing program, service-connected veterans and local DAV units should be used to determine which extended hour options would best meet the needs of each facility's enrolled patient population; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, urges VA to implement extended operating hours to offer early morning, evening and weekend appointments at all VHA health care facilities for services such as primary, specialty and mental health services.

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RESOLUTION NO. 077

**ENSURE DEPARTMENT OF VETERANS AFFAIRS CLINICAL
APPEALS PROCESS PROTECTS VETERANS**

WHEREAS, through service to their nation in which they made extraordinary sacrifices and contributions, service-disabled veterans have earned and deserve high-quality, comprehensive and veteran-focused health care designed to meet their unique circumstances and needs; and

WHEREAS, all federal providers and most health insurers have processes to ensure that beneficiaries have enforceable protections that allow them to obtain medically necessary care within their health benefits package; and

WHEREAS, these processes for patient grievances and central projections to receive care and services are imperative, particularly for health care systems such as the Department of Veterans Affairs (VA), which use capitated payment models for which there are incentives to conserve resources; and

WHEREAS, the VA's current clinical appeals process remains poorly understood, with many veterans unsure of how to resolve clinical disagreements and disputes; and

WHEREAS, continuity of care or services during the clinical appeals process is not guaranteed under the current process; and

WHEREAS, veterans have no right to external, expedited or independent review, or to timely and fair hearings, including before a multidisciplinary clinical team, an administrative law judge or federal district court in the VA's current clinical appeals, making the process less comprehensive and fair than appeals processes private health insurers and other federal payers are required to provide; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on Congress to enact legislation requiring a standardized, fair and impartial process to address veterans' clinical disagreements, grievances and disputes to include statutory protections that are at least comparable to those afforded patients under other federal and federally supported programs; AND

BE IT FURTHER RESOLVED that DAV urges the VA to revise the current clinical appeal process, with input from service-connected disabled veterans and other stakeholders, to one that is equitable and transparent, and train appropriate staff to execute the new policy in a standardized manner.

§ § §

RESOLUTION NO. 084

**ENCOURAGE THE DEPARTMENT OF VETERANS AFFAIRS TO PROCESS
VOLUNTEER APPLICATIONS IN A TIMELY MANNER**

WHEREAS, many DAV members want to join the ranks of volunteers who serve disabled veterans in Department of Veterans Affairs (VA) medical facilities and in local communities associated with the VA; and

WHEREAS, there is great variability in both the process and timeliness of providing prospective volunteers all the required screenings, interviews, orientations and training prescribed by the VA facility; and

WHEREAS, these volunteers must undergo an arduous clearance process and background check that can require months of delay, as well as complete a lengthy application to volunteer and thus lose their services and the opportunity for voluntary activities to aid veterans; and

WHEREAS, it is the responsibility of the VA Voluntary Service program manager to ensure that volunteer applications are processed in an expeditious manner, because volunteers perform a valuable service to veterans in facilities and save taxpayers millions of dollars; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, strongly encourages each Voluntary Service program manager at every VA medical facility to standardize and expedite the process, better leveraging information technology to attract and ensure volunteers are able to serve disabled veterans in VA medical facilities and in their communities.

§ § §

RESOLUTION NO. 085

ENHANCE LONG-TERM SERVICES AND SUPPORTS TO SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, historically the Department of Veterans Affairs (VA) occupied a leadership position in fostering many long-term services and supports (LTSS) programs now routinely available in the private sector; founded the medical specialty of geriatrics in conjunction with affiliated schools of medicine; and led the nation in biomedical research on aging, geropsychiatry and chronic illnesses prevalent in the 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 LTSS settings; and

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

WHEREAS, the number of veterans seeking LTSS has increased annually, and the VA estimates this trend to continue into the future; and

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

WHEREAS, in 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 LTSS; and

WHEREAS, in 1999, the Veterans Millennium Health Care and Benefits Act, Public Law 106-117, significantly enhanced the VA's noninstitutional LTSS 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 the VA is only required to provide institutional LTSS to any veteran for a service-connected disability and to any veteran who is service-connected 70 percent or greater; and

WHEREAS, unresolved LTSS 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 noninstitutional approaches in providing LTSS, thereby relegating LTSS to a "second tier" of health care service and expectations within the VA system; and

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

WHEREAS, VA home and community-based programs are not uniformly available in all VA health care facilities; and

WHEREAS, the VA has not optimized its relationship with State Veterans Homes to ensure veterans in need of institutional and alternative forms of LTSS may avail themselves of State Home facilities to consider all options for their provision; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to expand the comprehensive program of LTSS for service-connected disabled veterans irrespective of their disability ratings, and urges the VA, in conjunction with key stakeholders, including other federal agencies and the states, to develop a strategic LTSS plan to invigorate and re-engineer VA-operated, purchased and subsidized LTSS.

§ § §

RESOLUTION NO. 117

**SUPPORT LEGISLATION TO EXTEND ELIGIBILITY OF A QUALIFYING
VETERAN'S ADULT CHILD FOR THE CIVILIAN HEALTH AND MEDICAL
PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, dependent children of certain veterans are provided medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); and

WHEREAS, a child of a veteran is eligible for CHAMPVA if the veteran is rated permanently and totally disabled due to a service-connected disability, was rated permanently and totally disabled due to a service-connected condition at the time of death, died of a service-connected disability or died on active duty, and the dependent is ineligible for Department of Defense TRICARE benefits; and

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

WHEREAS, current law requires private health plans and insurers to offer coverage to adult children of beneficiaries to age 26 regardless of the child's financial dependency, marital status, enrollment in school, residency or other factors; and

WHEREAS, children of severely disabled veterans and survivors of veterans who paid the ultimate sacrifice should not be penalized or denied the same rights and privileges as other citizens of a grateful nation enjoy; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to extend the eligibility of a qualifying veteran's child for CHAMPVA coverage to age 26 under the same conditions of covered adult children of beneficiaries in private health plans.

§ § §

RESOLUTION NO. 118

**ENSURE TIMELY ACCESS TO QUALITY DEPARTMENT OF VETERANS
AFFAIRS HEALTH CARE AND MEDICAL SERVICES**

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

WHEREAS, given the VA's limited resources, in some cases, the VA is forced to ration care, leaving many of its nearly 7 million veteran patients waiting long periods and driving farther for primary, specialty and dental care appointments; and

WHEREAS, the VA should identify and immediately correct the underlying problems to properly manage its health care capacity and identify additional resources needed to ensure timely access to primary, specialty and dental care for 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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to request and for Congress to provide necessary authorities, sufficient resources and staff to reduce waiting times so wounded, ill and injured veterans can realize timely access to all medically necessary services from the VA health care system.

§ § §

RESOLUTION NO. 119

**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, the Veterans Administration opened the first "Vet Center" to provide readjustment services and psychological counseling to Vietnam combat veterans suffering from post-traumatic stress disorder (PTSD) and other conditions related to combat exposure and their experiences in Vietnam; and

WHEREAS, the Vet Centers, now numbering about 300 locations nationwide, have proven to be a most useful and effective tool to assist veterans of all eras whose experiences range from combat to military sexual trauma, and to certain family members; and

WHEREAS, Vet Centers provide cost-effective and highly beneficial services, including counseling for PTSD and other readjustment challenges, marriage and family counseling, and family bereavement counseling beneficial to recovery; 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 the wars in Afghanistan and Iraq; and

WHEREAS, Vet Centers lead all Department of Veterans Affairs (VA) mental health programs in conducting veteran-to-veteran peer counseling services, wherein veterans who have themselves experienced post-deployment mental health issues related to their military experience are trained to provide counseling to those still suffering ill effects; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, commends the work of the Readjustment Counseling Service and of its Vet Centers of the VA, and encourages the Vet Centers to maintain their level of excellence in caring for combat veterans; AND

BE IT FURTHER RESOLVED that DAV 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 innovating, 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. 120

**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 care from VA medical facilities for decades and now face the possibility of losing access to VA medical care because of income levels, consequently causing them undue financial hardship, pain and suffering; and

WHEREAS, these 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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 121

SUPPORT HUMANE, CONSISTENT PAIN MANAGEMENT PROGRAMS IN THE VETERANS HEALTH CARE SYSTEM

WHEREAS, pain is one of the most prevalent reasons individuals, including wounded, injured and ill veterans, seek health care; and

WHEREAS, hundreds of thousands of veterans suffer from traumatic amputations and other severe injuries incurred during military service, while others suffer from a host of painful organic diseases and disabling conditions; and

WHEREAS, chronic pain is closely linked with depression and other mental health challenges, including suicidal ideation; and

WHEREAS, over a decade ago, the Department of Veterans Affairs (VA) established a new national health policy adding pain as the “fifth vital sign” in patients, along with blood pressure, temperature, pulse and respiration; and

WHEREAS, beginning in 2001, the VA established and formalized a national pain management program for the purpose of promoting greater public awareness, training and educating health professional students, VA providers and their staffs, and veterans and their families; and

WHEREAS, the VA has adopted a patient-centered and holistic approach to delivering health care in order to maintain and improve the health and quality of life of veterans, and the VA’s pain management program has been emulated in other public and private health care settings nationwide; and

WHEREAS, millions of veterans enrolled in VA health care have been aided by the VA’s efforts to better manage pain, while reducing the use of opioids and other drugs in the treatment of chronic pain; and

WHEREAS, a growing number of veteran patients with chronic pain who have been prescribed pain medication over long periods have been abruptly denied further access to prescription medications for pain contrary to its own pain management policy of tapering to reduce or to eventually discontinue opioid therapy when risks exceed benefits; and

WHEREAS, because VA facilities and all prescribers are subject to the Controlled Substances Act of 1970, as amended, and some veterans have had their pain medication prescriptions managed in such a way that creates great anxiety and sometimes produces ill effects of withdrawal because of the Act’s 30-day limit on Schedule II drug prescriptions and VA prescribing policies and practices that may fail to resupply them on a timely basis; and

WHEREAS, pain management programs should be concerned uppermost about both patient safety and humane treatment to reduce pain and its underlying causes, with or without narcotics; and

WHEREAS, without appropriate psychological counseling and transition to suitable alternatives to controlled substances, including Schedule II controlled medications, veterans can suffer physical and mental anguish needlessly and thereby are not receiving patient-centered, holistic care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to redouble its efforts to conduct a uniform national pain management program to ensure that veterans with chronic pain who have used prescribed pain medications over long histories are managed in a patient-centered environment, with balanced regard for both patient safety and humane alternatives to the use of controlled substances, and while under VA care receive their prescribed medications in a timely fashion; AND

BE IT FURTHER RESOLVED that DAV encourages VA at all levels to monitor local pain management efforts and resolve any conflicts between the effects of the Controlled Substances Act of 1970 and VA prescribing policies and procedures to ensure they are compliant with the VA's national pain management policy and guidelines, and consistent with the intent of this resolution.

§ § §

RESOLUTION NO. 122

SUPPORT PROGRAMS TO PROVIDE PSYCHOLOGICAL AND MENTAL HEALTH COUNSELING SERVICES TO FAMILY MEMBERS OF VETERANS SUFFERING FROM POST-DEPLOYMENT MENTAL HEALTH CHALLENGES OR OTHER SERVICE-CONNECTED CONDITIONS

WHEREAS, veterans exposed to combat and other hardship deployments are known to be at risk for development of post-deployment mental health conditions such as post-traumatic stress disorder (PTSD), depression and other serious mental health challenges; and

WHEREAS, left untreated or inadequately treated, a veteran suffering the chronic effects of PTSD, depression or other mental illnesses may suffer marriage and relationship breakdown, underemployment or loss of employment, financial hardship, social alienation and even homelessness, or involvement with the justice system; and

WHEREAS, a combat-exposed veteran who is not appropriately counseled for the psychological effects of PTSD or depression stands at greater risk of emotional and mental decompensation, whose consequences often fall directly on family members and dependents of such veterans; and

WHEREAS, the Department of Veterans Affairs (VA) embraces recovery from mental illness as its guiding principle in all VA mental health programs, and involvement of family members and dependents is often vital to a veteran's eventual recovery from mental illness; and

WHEREAS, subsection 1712A(b)2 , title 38, United States Code, authorizes the VA Readjustment Counseling Service, through its Vet Center program, to provide psychological counseling and other necessary mental health services to family members of war veterans under care in such Vet Centers, irrespective of service-connected disability status; and

WHEREAS, Congress enacted section 301 of Public Law 110-387 for the express purpose of authorizing marriage and family counseling in VA facilities to address the needs of veterans' families, including spouses and other dependent family members of veterans who are experiencing mental health challenges with attendant marital or family difficulties; and

WHEREAS, Congress enacted sections 101-103 of Public Law 111-163 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, section 1782, title 38, United States Code, authorizes a program of counseling, training and mental health services, including psychological support, for immediate family members of disabled veterans who need care for service-connected disabilities; who have service-connected disabilities rated at 50 percent or more disabling; who were discharged or retired from the armed forces for injuries or illnesses incurred in the line of duty; who are World War I or Mexican Border Period veterans; who were awarded the Purple Heart; who are former prisoners of war; who were exposed to radiation or toxic substances; or who are unable to defray the expenses of their care; and

WHEREAS, section 1781, title 38, United States Code, authorizes a program of health care, including certain mental health services, for immediate family members and dependents of a veteran who is totally and permanently disabled from service-connected disabilities or who died from disabilities incurred during military service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on the Secretary of Veterans Affairs to establish appropriate and effective programs to ensure that veterans who are enrolled in VA health care receive adequate care for their wounds and illnesses, including mental health-related illnesses, and, when appropriate, family members—whether family caregivers, spouses or other family dependents—receive necessary counseling, including psychological counseling, training and other mental health services authorized by law to aid in the recovery of veterans.

§ § §

RESOLUTION NO. 123

**OPPOSE RECOVERY OF THIRD-PARTY PAYMENTS
FOR SERVICE-CONNECTED DISABILITIES**

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

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

WHEREAS, the collection of payments from third parties for the treatment of veterans' service-connected disabilities would abrogate the VA's and the federal government's responsibility to provide such care and may result in increased premium payments by veterans; and

WHEREAS, to improve its ability to generate revenue on the backs of service-connected disabled veterans, some continue to propose implementing a policy to eliminate the current practice of first applying third-party payments to offset veterans' copayment debts; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any legislation that would require the VA to recover third-party payments for the care and treatment of a veteran's service-connected disabilities.

§ § §

RESOLUTION NO. 125

STRENGTHEN, REFORM AND SUSTAIN THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM

WHEREAS, this nation's highest obligation is to the men and women who were put in harm's way in its defense, and become wounded, injured and ill as a consequence of that service; and

WHEREAS, America's veterans have earned and deserve high-quality, comprehensive and veteran-focused health care designed to meet their unique circumstances and needs; and

WHEREAS, the Department of Veterans Affairs (VA) health care system was established to provide for the needs of wounded, injured and ill war veterans, and is authorized by Congress to provide a full continuum of care, including extensive preventive programs and comprehensive primary, acute and rehabilitative care including pharmaceutical, mental health and readjustment counseling services; and

WHEREAS, VA facilities are affiliated with 168 medical schools for physician education and 40 other health professions represented through affiliations agreements with more than 1,800 colleges and universities, and annually train over 69,000 medical students and residents—about 70 percent of all physicians in the United States—nearly 29,000 nurses and in excess of 30,000 other health professionals; and

WHEREAS, the VA's biomedical research and development programs have established new treatments and models of care tailored to the needs of disabled veterans, including a vast array of prosthetic, orthotic and other assistive devices, and elevate the standard of care for all Americans; and

WHEREAS, over the past 20 years, the VA health care system has vastly improved and expanded into an integrated environment that is uniquely qualified to treat service-related conditions of injured and ill veterans, offering holistic, integrated, team-based care, a model of care that is rarely available in the private sector; and

WHEREAS, it is well documented in numerous studies of the VA health care system and the quality of care it delivers to millions of veterans that while it faces many challenges, it continues to outperform the United States health care system on nearly every quality of care metric, and this unique accomplishment must not be compromised; and

WHEREAS, veterans who use the VA health care system have repeatedly indicated their overall preference for and satisfaction with the care they receive, notwithstanding existing problems that the VA must overcome; and

WHEREAS, an independent assessment of the VA health care system found that the primary cause of access problems was a "misalignment" between the resources provided to the VA, the growing demand for care by veterans and complex rules to purchase the best-valued care in the community for veterans; and

WHEREAS, the capacity of the VA to purchase community care is constrained by appropriated funding, and without a funding mechanism separate from funds for the VA to directly provide care, such a lack of transparency could diminish and erode the VA health care system and endanger first-priority care to service-connected veterans; and

WHEREAS, the complex legislative authority, decentralized structure and inadequate funding to local VA facilities to purchase care in the community continue to erode the effectiveness of this necessary tool; and

WHEREAS, the VA's antiquated and cumbersome information technology infrastructure used to manage the authorization, claims processing and reimbursement for services acquired in the community is a disincentive for private providers to care for service-connected disabled veterans; and

WHEREAS, the VA must implement a long-term strategy to rebuild, modernize, maintain and expand facilities; provide additional resources to maintain sufficient staffing levels; eliminate disparities in treatment; and improve information technology necessary for the care and treatment of injured and ill veterans; and

WHEREAS, the VA must restructure all its community care programs into flexible and responsive integrated networks to deliver high-value quality care while strengthening and sustaining the VA health care system; and

WHEREAS, the VA must realign and expand availability of health care services to meet the diverse needs of future veterans, including women veterans and veterans who reside in rural and remote regions far from VA facilities; and

WHEREAS, the VA must reform its management by increasing efficiency, transparency and accountability to become more veteran-centric and responsive as an organization; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, believes the nation must continue to honor the service and sacrifices of our nation's ill and injured veterans by strengthening, reforming and sustaining a modern, high-quality, accessible and accountable VA health care system; AND

BE IT FURTHER RESOLVED that in order to provide timely and convenient access to enrolled veterans, the VA health care system must evolve by creating integrated networks with the Department of Defense, other federal partners and academic affiliates, and other high-quality community providers where needed, with the VA acting as the network coordinator and principal provider to ensure veterans receive integrated, high-quality, comprehensive and veteran-focused health care; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and the Administration to provide transparent, adequate and timely resources to the VA health care system to meet the continuing demand for care by ill and injured veterans in order to fulfill our promises to the men and women who served; AND

BE IT FURTHER RESOLVED that DAV will oppose any recommendation or proposal that could lead to weakening, diminishing or dismantling of the VA health care system that millions of veterans have chosen and rely upon, or that would weaken VA research or training programs.

§ § §

RESOLUTION NO. 126

SUPPORT LEGISLATION TO AUTHORIZE SCHOLARSHIPS FOR NEW MENTAL HEALTH PRACTITIONERS IN EXCHANGE FOR COMMITMENTS TO SERVE VETERANS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES

WHEREAS, the nation faces a looming shortage of practitioners in mental health, including physicians, nurse practitioners, psychologists, social workers, mental health therapists and other counselors; and

WHEREAS, the needs of the newest generation of war veterans suffering the effects of post-traumatic stress disorder and other mental health challenges, combined with the continuing mental health needs of older generations of veterans, may overwhelm the Department of Veterans Affairs' (VA's) capacity to properly treat them with qualified providers so that they can recover from these illnesses; and

WHEREAS, after serving our nation, veterans should not see their health care needs neglected by the VA because the VA lacks the capacity to serve them; and

WHEREAS, recent public laws have authorized the VA to expand the types and numbers of mental health and other services the VA must make available to veterans, their caregivers, dependents and survivors; and

WHEREAS, an existing scholarship program under chapter 76, title 38, United States Code, targeted to physicians, nurses and a variety of other health professions has been highly successful in recruiting new practitioners to VA careers and has expanded and improved care to wounded, injured and ill veterans; and

WHEREAS, hundreds of VA community-based outpatient clinics and Readjustment Counseling Service Vet Centers do not directly participate in the existing scholarship program as an aid to their local recruitment and employment efforts; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 129

SUPPORT EFFECTIVE RECRUITMENT, RETENTION AND DEVELOPMENT OF THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM WORKFORCE

WHEREAS, staffing shortages and vacancies at every level of the Department of Veterans Affairs (VA) health care system and across numerous critical positions impedes service-connected disabled veterans who rely on the VA to receive timely, high-quality, veteran-centric medical care; and

WHEREAS, section 7412 of title 38, United States Code, requires the VA Office of Inspector General (OIG) to determine and report on the top five occupations of Veterans Health Administration (VHA) personnel covered under title 38, United States Code, section 7401, for which there are the largest staffing shortages; and

WHEREAS, the VA OIG found six occupations as having the largest staffing shortages in the identified time period: Medical Officer, Nurse, Psychologist, Physician Assistant, Physical Therapist and Medical Technologist and these six occupations are identified because the Psychologist and Physician Assistant positions tied for the third position, and the Physical Therapist and Medical Technologist positions tied for the fifth position; and

WHEREAS, VA nurses were one of the most critically needed positions at VA facilities across the country the past two years, and, according to a September VA OIG report, the VA hired 8,528 nurses in fiscal year 2015 but lost 4,966 that same year and missed opportunities to retain more than half of the nurses who left; and

WHEREAS, despite that the total number of VA employees providing and supporting direct clinical care to veterans has grown from 211,192 in 2015 to 234,421 in 2017, to meet the medical care needs of service-connected disabled veterans the VA has identified at least 35,000 vacancies throughout the VA as of January 2018; and

WHEREAS, there is a nationwide shortage of qualified doctors, nurses and specialists particularly in rural areas because the VA must compete with private-sector for-profit and nonprofit hospitals to recruit and retain the best and brightest clinical staff, and the federal hiring process for clinical staff remains lengthy and convoluted, with 13 percent of potential hires dropping out of the process; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports a simple-to-administer alternative VHA personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

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RESOLUTION NO. 130

**REDUCE DEPARTMENT OF VETERANS AFFAIRS MEDICATION
COPAYMENTS EQUAL TO, OR LESS THAN, THE LOWEST CHARGED
BY PRIVATE SECTOR COMMERCIAL OUTLETS**

WHEREAS, the Department of Veterans Affairs (VA) has periodically increased medication copayments from the original charge of \$2.00 to the current copayment structure of \$5.00 for generic medications, \$8.00 for preferred generics and \$11.00 for brand name medications; 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 the VA charges veterans in VA care, in some cases as little as half of the VA’s current charges; 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 the VA’s own Veterans Canteen Service [VCS]) 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, the VA should continue its policy to first apply third-party payments to offset veterans copayment debts; and

WHEREAS, although DAV adamantly opposes health care and medication copayments for military retirees and veterans, DAV believes the 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 VCS; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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 nonveterans; AND

BE IT FURTHER RESOLVED that, in the case of over-the-counter medications, Congress should prohibit the VA from charging medication copayments that exceed the retail cost of these drugs sold in VCS retail stores.

§ § §

RESOLUTION NO. 137

**APPLY A CONSISTENT, COORDINATED CARE POLICY IN THE DEPARTMENT
OF VETERANS AFFAIRS FOR TRAVELING VETERANS**

WHEREAS, many service-connected disabled veterans temporarily split their principal residence between two locations; and

WHEREAS, coordination and continuity of care are core features of high-quality primary care and have been shown to offer significant benefits, including lower rates of hospitalization and lower mortality; and

WHEREAS, the Veterans Health Administration policy defining how patients are assigned to Department of Veterans Affairs (VA) primary care providers states that, in general, each veteran receiving VA primary care must be assigned a single primary care provider within the VA health care system; and

WHEREAS, under this policy, veterans who spend a significant part of the year living between two regions and who have complex health care needs requiring close ongoing care management may have primary care providers assigned at more than one facility; and

WHEREAS, some service-connected veterans who would otherwise be eligible for a second VA primary care provider are being denied this critical service; and

WHEREAS, many service-connected veterans are unaware of this policy and are not being educated by their VA provider that they can be evaluated to determine eligibility for a second VA primary care provider to better coordinate execution of a personal health care plan between two VA facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to consistently apply the established primary care standards nationwide, educate veterans who live in multiple regions about this policy and add VA-rated service-connected disabilities as one of the critical factors used in determining the need for dual primary care providers.

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RESOLUTION NO. 138

REPEAL BENEFICIARY TRAVEL DEDUCTIBLE FOR SERVICE-CONNECTED DISABLED VETERANS AND INCREASE REIMBURSEMENT RATES

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

WHEREAS, Public Law 110–387 required the VA to permanently reduce to \$3.00 the applicable deductible, but service-connected disabled veterans are still subject to the deduction from the amount otherwise payable for each one-way trip unless the Secretary determines in an individual case that such deductible would cause severe financial hardship; and

WHEREAS, veterans currently receive a flat rate of 41.5 cents per mile for all transportation effective November 17, 2008; and

WHEREAS, service-connected disabled veterans eligible for beneficiary transportation reimbursements should not be required to help defray the cost of travel, in the form of a deductible, to and from a VA medical facility for medical examination, or health care treatment; and

WHEREAS, it is grossly unfair for the VA Secretary to impose the deductible upon service-connected disabled veterans seeking treatment for service-connected conditions and service-connected veterans rated 30 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, the VA in consultation with the Administrator of General Services, the Secretary of Transportation, the Comptroller of the United States and representatives of veterans service organizations, is required to conduct periodic investigations on the actual cost of travel incurred by veterans traveling to and from VA facilities for covered purposes; and

WHEREAS, after analyzing and adopting the findings of an Internal Revenue Service (IRS) report on operating costs for a privately owned automobile, the General Services Administration (GSA) determined that the per-mile operating costs for the official use of a privately owned vehicle by a federal employee is 55 cents per mile; and

WHEREAS, the VA continues to maintain that increasing veterans' beneficiary travel reimbursement rate to a rate more comparable to the GSA-approved rate would result in a reduction of funds available for direct medical care to our nation's veterans; and

WHEREAS, the VA should not need 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 access until their needs may become critical, resulting in higher health care costs and poorer health outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to repeal the Secretary’s authority to impose a deductible for service-connected disabled veterans from the amount payable for beneficiary travel pay for medical examination, treatment or care; AND

BE IT FURTHER RESOLVED that DAV urges the VA to adopt the IRS mileage reimbursement rate to protect against erosion of the value of the benefit due to inflation; AND

BE IT FURTHER RESOLVED that DAV urges the VA to make provision in its budget for the cost of increasing veterans’ beneficiary travel reimbursement rates to a more reasonable amount so that it can make the needed adjustment without the reduction in funds for direct medical care to sick and disabled veterans.

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RESOLUTION NO. 224

**SUPPORT THE RIGHTS AND BENEFITS EARNED BY SERVICE-CONNECTED
NATIVE AMERICAN AND ALASKA NATIVE VETERANS**

WHEREAS, per capita, a higher percentage of Native Americans have served in the armed forces than any other ethnic group, and many return to their communities in Indian Country upon discharge from the military; and

WHEREAS, the sovereign lands in Indian Country often can be hundreds of miles from VA facilities, where poverty, lack of transportation and poor roads put great hardships on Native American veterans who need and have earned Department of Veterans Affairs (VA) health care and other benefits; and

WHEREAS, in evaluating the needs of federally recognized Native American and Alaska Native veterans, especially those living on tribal lands, the VA Office of Tribal Government Relations has reported among the most pressing needs to be the great travel distances for them to access VA health care services, a high percentage of overcrowding and unavailable housing, and a lack of local employment opportunity; and

WHEREAS, many Native American veterans who have completed military deployments in Iraq and Afghanistan and who may be challenged by readjustment and mental health disorders are not afforded responsive medical attention due to insufficient mental health service availability from Indian Health Service (IHS) or Tribal Health Programs; and

WHEREAS, many VA clinical care providers lack knowledge and understanding of Native American and Alaska Native cultures, including traditional healing and ways of managing illness and disability that are culturally and religiously appropriate, causing additional barriers to care for Native American and Alaska Native veterans; and

WHEREAS, in 2003 and renewed in 2010, the VA executed with IHS, of the Department of Health and Human Services, Memoranda of Understanding to coordinate and provide health care services, including mental health services, to Native American and Alaska Native veterans; and

WHEREAS, nearly a decade after its approval in 2010, the VA and IHS have yet to comprehensively implement the Memoranda of Understanding; and

WHEREAS, due to lack of implementation, tribal governments do not have broad knowledge of the existence of, or commitments in, the Memoranda of Understanding, and therefore have not generally disseminated relevant information to Native American and Alaska Native veterans about their VA and IHS rights and benefits under the agreement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the Secretary of Veterans Affairs and Secretary of Health and Human Services to ensure the Memoranda of Understanding between the VA and IHS is fully implemented, and that direct providers of services, as well as their leaderships in both agencies, be held accountable to faithfully carry out the agreement so that service-connected Native American and Alaska Native veterans, especially those living on tribal lands, can receive the full benefits and services they have earned and deserve.

§ § §

RESOLUTION NO. 225

**REQUIRE A VETERAN'S ATTENDING DEPARTMENT OF VETERANS AFFAIRS
(VA) PHYSICIAN TO PROVIDE A MEDICAL OPINION WITH REGARD TO A
CLAIM FOR VA DISABILITY COMPENSATION**

WHEREAS, section 5103A, title 38, United States Code, requires the Secretary of Veterans Affairs to assist a veteran by providing a medical examination and opinion when necessary to make a decision on a claim for disability benefits; and

WHEREAS, section 3.159, title 38, Code of Federal Regulations, requires Department of Veterans Affairs (VA) health care providers, under specified circumstances, to provide statements and medical opinions on conditions, employability and degree of disability; and

WHEREAS, Veterans Health Administration (VHA) policy describes Disability Benefit Questionnaires (DBQs) as a documentation tool designed for easy use and provides a format for documenting medical evidence that aids Veterans Benefits Administration rating specialists in making decisions on claims; and

WHEREAS, it is also VHA policy that DBQs are intended for use by VHA primary care and specialty care providers, and VHA clinicians who are not disability examiners may complete DBQs; and

WHEREAS, the VA's continued mission is to be a provider of choice for enrolled veterans, and delivering to them a comprehensive medical benefits package; and

WHEREAS, through education, training and experience, VA physicians gain special insight into the veterans' experience and specialized knowledge of the diseases and disabilities common to military service; and

WHEREAS, when VA physicians refuse to provide statements or opinions for veteran patients, those denials are inconsistent with the goal of VHA to provide comprehensive care and place a serious burden on veterans who may not be able to afford a private medical opinion; and

WHEREAS, providing medical information for disability evaluations or examinations to support adjudication of claims remains inconsistent, because some local VA facilities' practices resist completing DBQs requested by claimants; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, urges the VA to develop and implement a consistent policy requiring VA health care practitioners to provide medical statements or opinions when requested by veterans in conjunction with claims for VA benefits.

§ § §

RESOLUTION NO. 227

SUPPORT TOP-PRIORITY ACCESS FOR SERVICE-CONNECTED VETERANS WITHIN THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM

WHEREAS, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has issued national directives and policies to affirm its commitment to providing top-priority access to hospital care and medical services to veterans with service-connected disabilities, regardless of the percentage assigned to the service-connected disability rating, in absence of compelling medical reasons to the contrary; and

WHEREAS, many VA facilities are struggling to fulfill this mandate because of budget pressures, insufficient local resources and saturation of available capacity because of increasing patient workloads; and

WHEREAS, DAV continues to receive complaints from service-connected veterans who are being denied priority access to VA health care services or report their access to care is being delayed; and

WHEREAS, due to inadequate resources, VHA at times has been forced to establish waiting lists and implement other types of health care rationing, absent compelling medical reasons; and

WHEREAS, the VA is poised to realign and expand availability of health care services to meet the diverse needs of future veterans, reform its management by increasing efficiency, transparency and accountability to become more veteran-centric, and restructure all its community care programs into flexible and responsive integrated networks to deliver high-value, quality care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports strict enforcement by VHA, including VHA network and medical center directors, of governing policies providing service-connected veterans priority access to care, unless compelling medical reasons affecting other veterans prevent such priority from being extended to them.

§ § §

RESOLUTION NO. 276

SUPPORT LEGISLATION TO ELIMINATE OR REDUCE DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE HEALTH CARE COPAYMENTS FOR SERVICE-CONNECTED DISABLED VETERANS

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, premiums, health care cost sharing and deductibles are a feature of health care systems in which some costs are shared by the insured and the insurer in a contractual relationship 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, in the seminal RAND Health Insurance Experiment, which gave rise to the use and increase of cost sharing, other important findings included that cost sharing reduced the use of both effective and less-effective care where the amounts of reductions for each were equal for hospitalizations and drug use, and cost sharing had detrimental health effects for the sickest and poorest participating patients; and

WHEREAS, subsequent research continues to question the adverse effects of cost sharing on health outcomes particularly for patients with chronic disabilities; and

WHEREAS, asking veterans to pay for part of the benefits a grateful nation provides for them is fundamentally contrary to the spirit and principles underlying the provision of benefits to veterans; and

WHEREAS, copayments were initially imposed upon veterans using the Department of Veterans Affairs (VA) health care system under urgent circumstances and as a temporary necessity to contribute to reduction of the federal budget deficit; and

WHEREAS, cost sharing is considered as a means of generating revenues in the Department of Defense (DoD) and VA health care systems; and

WHEREAS, to improve its ability to generate revenue on the backs of service-connected disabled veterans, some continue to propose implementing a policy to eliminate the current practice of first applying third-party payments to offset veterans copayment debts; and

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

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

WHEREAS, as a continuing cost of national defense and as our nation's foremost moral obligation, benefits for service-connected disabled veterans must remain a first priority of our government; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls for legislation to eliminate or reduce VA and DoD health care out-of-pocket costs for service-connected disabled veterans.

§ § §

RESOLUTION NO. 277

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

WHEREAS, it is the policy of DAV that veterans should be afforded quality and timely health care services by the Department of Veterans Affairs (VA) because of their honorable service to our nation; and

WHEREAS, care provided to veterans in the community when VA care is inaccessible should be done through responsive integrated networks that deliver high-value, quality care; and

WHEREAS, it is the conviction of DAV that quality health care for veterans is achieved when health care providers are given the freedom and resources to provide the most effective and evidence-based care available; and

WHEREAS, the Veterans Health Administration plays a critical role in the delivery of health care services to our nation's sick and disabled veterans and is the largest direct federal provider of health care services, the largest clinical training ground for the health professions and a leader in medical research; and

WHEREAS, although the veterans health care system is provided advance appropriations for medical care, it is still at the discretion of Congress to provide a sufficient level of funding; and

WHEREAS, in the past, because of restricted appropriations levels, the VA has been forced at times to restrict, ration and deny access to health care implicitly promised in connection with veterans' military service; and

WHEREAS, the VA health care system must be provided sufficient funding to ensure, at a minimum, the following standards are met:

- Promote and ensure health care quality and value, and protect veterans' safety in the health care system;
- Guarantee access to a full continuum of care, from preventive through hospice services, including alternative and complementary care such as yoga, massage, acupuncture, chiropractic and other nontraditional therapies;
- Receive adequate funding through appropriations for care of all enrolled veterans;
- Fairly and equitably distribute resources to treat the greatest number of veterans requiring health care;
- Furnish quality primary care and gender-specific services necessary to meet the needs of a growing population of women veterans;
- Provide all supplies, prosthetic devices and medications, including over-the-counter medication, necessary for the proper treatment of service-connected disabled veterans;
- Preserve the VA's mission and role as a provider of specialized services in areas such as blindness, burns, amputation, traumatic brain injury, spinal cord injury and dysfunction, mental illness, and long-term care;

- Maintain the integrity of an independent VA health care delivery system as representing the primary responsible entity for the delivery of health care services to enrolled veterans;
- Modernize its human resources management system to enable the VA to compete for, recruit and retain the types and quality of VA employees needed to provide comprehensive health care services to sick and disabled veterans;
- Maintain a strong and veteran-focused research program;
- Establish and sustain effective telemedicine programs as an aid to access to VA health care, particularly for rural and remote populations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 278

**OPPOSE ANY RESTRICTION ON ELIGIBILITY OF MILITARY MEDICALLY
RETIRED VETERANS TO RECEIVE CARE IN DEPARTMENT OF DEFENSE OR
DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEMS**

WHEREAS, military medically retired veterans were promised and earned lifetime health care through the Department of Defense (DoD) for completion of the required period of military service; and

WHEREAS, as veterans, they are separately entitled to the same health care provided to eligible veterans generally through the Department of Veterans Affairs (VA); and

WHEREAS, one of the two health care systems may offer advantages that the other does not offer; and

WHEREAS, a veteran's use of this dual entitlement to receive the best services of both systems does not constitute unnecessary duplicate use of health care services or duplication of costs to the government; and

WHEREAS, entitlement to care under one system is not itself justification to end separate entitlement to care through the other system; and

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

WHEREAS, enrollment in VA or DoD health care, especially in the case of service-connected disabled veterans, should never become a bar or obstacle to the receipt of benefits from either of these health care systems; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any action to restrict health care eligibility for military medically retired veterans in either the DoD or the VA health care systems.

§ § §

RESOLUTION NO. 279

**SUPPORT CONSISTENT REASONABLE ACCESS FOR SERVICE AND GUIDE
DOGS IN DEPARTMENT OF VETERANS AFFAIRS 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 (VA) approves guide and service dogs to veterans enrolled in VA health care when therapeutically indicated; and

WHEREAS, the VA 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, the VA is engaged in formal research efforts to determine the efficacy of the use of service dogs in nontraditional applications, such as acting as companions to the mentally ill; 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; and

WHEREAS, the VA is experimenting with dog training programs led by veterans for veterans, to determine if the training of service dogs itself is a therapeutic method to reduce symptoms in veterans with post-traumatic stress disorder; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges that the VA carry out its policies to permit reasonable access to VA facilities by service and guide dogs to veterans consistently throughout the system; AND

BE IT FURTHER RESOLVED that DAV urges the VA to complete its plan to conduct research and expansion of ongoing model programs 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.

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RESOLUTION NO. 280

**ENHANCE THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
DEPARTMENT OF VETERANS AFFAIRS BENEFITS AND SERVICES**

WHEREAS, the Civilian Health and Medical Program of the Department of Veterans Affairs (VA), known as CHAMPVA, is a health benefits program in which the VA shares the cost of certain health services with eligible beneficiaries; and

WHEREAS, eligible beneficiaries include: the spouse or child of a veteran whom the VA rated 100 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; the surviving spouse or child of a military service member who died on active duty; and the primary caregiver of a veteran seriously injured during military service on or after September 11, 2001; and

WHEREAS, VA medical centers are authorized to provide services to CHAMPVA beneficiaries under the CHAMPVA In House Treatment Initiative (CITI) program at no cost to the beneficiary but are provided at the discretion of the VA medical center director and available only on a space-available basis, after the needs of veterans are met; and

WHEREAS, if the local VA medical facility does not participate in the CITI program, the beneficiary must seek care in the private sector and the CHAMPVA beneficiary is responsible for an annual \$50 deductible for medical services rendered and 25 percent of reasonable and customary charges for patient care and pharmaceuticals, up to \$3,000 each year; and

WHEREAS, beneficiaries who are chronically ill can incur out-of-pocket medical care costs up to \$3,000 per year, and such costs can cause undue financial burden on a severely disabled veteran and family members; and

WHEREAS, numerous health care services such as dental care, institutional and home-based long-term care, and vision are not routinely covered under CHAMPVA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to make the CHAMPVA program more comprehensive, including dental and vision care, institutional and home-based long-term care, and eliminate the copayments beneficiaries are required to pay out of pocket and lower the out-of-pocket costs for beneficiaries who do not live near a VA medical facility that participates in the CITI health care program; AND

BE IT FURTHER RESOLVED that DAV supports the CITI program and urges VA medical center directors to make that program available to CHAMPVA beneficiaries when resources are available.

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RESOLUTION NO. 281

SUPPORT MODERNIZING 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 1,800 sites of care, including comprehensive medical centers, community-based outpatient clinics, nursing homes, readjustment counseling “Vet Centers,” residential rehabilitation treatment programs and other facilities for the delivery of health care; and

WHEREAS, the majority of the VA’s capital infrastructure medical centers are located on large, campus-style settings in excess of 50 years old and were designed and built under an outmoded concept of health care delivery founded on centralized hospital inpatient episodes of care; and

WHEREAS, the 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 VA has internally identified needs for up to \$67.4 billion in capital facilities improvements and new construction through its Strategic Capital Investment Planning (SCIP) program; and

WHEREAS, continuing appropriated funding levels at a fraction of the internally identified need will prevent the VA from modernizing its facilities for decades, despite well-recognized needs in the VA’s 10-year capital plan; and

WHEREAS, because of insufficient appropriated funding, the VA and Congress must look for new and innovative ways to include public-private partnerships, which may hold promise in reforming the VA’s capital infrastructure program and should be explored as another way to address the VA’s infrastructure needs; and

WHEREAS, the wars in Iraq and Afghanistan have produced over 1.2 million 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 million individuals from earlier service periods; and

WHEREAS, given the VA’s expected continuing costs for new major medical facility construction, consolidation and modernization, the VA may revise its construction policy to further 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, hundreds of leased VA community-based outpatient clinics are in jeopardy due to a change in congressional budget rules that clouds the future of this cost-effective approach to veterans health care, and in fact may deny that care; and

WHEREAS, the VA’s primary mission is to meet the needs of ill 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 the VA for the exclusive benefit of veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to continue its efforts to request adequate funding in future budgets to ensure at minimum that the VA fulfills the intent of its strategic capital planning initiative; AND

BE IT FURTHER RESOLVED that Congress should carefully monitor any intended VA changes in infrastructure that could jeopardize the VA's ability to meet veterans' needs for primary and specialized VA health care and rehabilitative services, or be the cause of diminution of the 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 DAV urges Congress to continue to provide appropriated funding sufficient to fulfill the needs for infrastructure identified through the strategic capital planning process.

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RESOLUTION NO. 282

SUPPORT ENHANCED TREATMENT FOR MILITARY SEXUAL TRAUMA

WHEREAS, the fiscal year (FY) 2016 Department of Defense Office of Sexual Assault Prevention and Response (SAPRO) annual report on sexual assault in the military included 6,769 reports of sexual assault across the military services, representing a less than 9.7 percent increase from the 6,172 reports made in FY 2016; and

WHEREAS, the 2015 RAND Military Workplace Study, with results in the SAPRO report, estimates that 20,200 service members experience sexual assaults each year in the military services; and

WHEREAS, the continued prevalence of sexual assault in the military is alarming and often results in lingering physical, emotional or chronic psychological symptoms in assault survivors; and

WHEREAS, 25 percent of women and 1 percent of men enrolled in the Department of Veterans Affairs (VA) health care system report they had experienced military sexual trauma (MST); and

WHEREAS, in FY 2014, over 76 percent of women veterans in the VA who screened positive for MST received outpatient care for either a mental or physical health condition related to MST; and

WHEREAS, the VA provides specialized residential and outpatient counseling programs and evidence-based treatments for MST survivors; and

WHEREAS, based on VA clinical determinations, some veterans are referred to VA medical facilities other than their local facilities or closest Veterans Integrated Service Network to receive the specialized care they need; and

WHEREAS, the VA's current policy in beneficiary travel permits reimbursement to a veteran only from a veteran's home of record to the nearest VA facility by road mileage, whether or not that facility possesses the expertise needed for a particular type of care, including inpatient and residential treatment for MST-related needs; and

WHEREAS, if a VA clinician determines an MST survivor needs specialized care from a VA MST inpatient facility, the VA's beneficiary travel policy may serve to obstruct access to that resource or force an MST survivor to self-pay travel costs in order to gain access to these specialized services; and

WHEREAS, evidence-based treatment practices known to successfully treat veterans with MST-related mental health conditions are available but not systemically used by all providers treating these patients; and

WHEREAS, although the VA offers MST-related training and has produced clinical practice guidelines and formulated evidence-based treatments, the VA does not mandate that its mental health providers who treat MST survivors complete specialized training or undergo a certification process to ensure they are qualified to treat such patients; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on the VA to ensure all MST survivors gain open access to the specialized treatment programs and services they need to fully recover from sexual trauma that occurred in military service; AND

BE IT FURTHER RESOLVED that DAV supports legislation to change beneficiary travel policies to meet the specialized clinical needs of veterans receiving MST-related treatment; AND

BE IT FURTHER RESOLVED that DAV urges the VA to continually improve its MST treatment programs, ensure dissemination of MST evidence-based clinical practice guidelines throughout the VA health care system and develop a formal mandatory certification process for mental health providers who treat MST survivors.

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RESOLUTION NO. 283

**URGE THE DEPARTMENT OF VETERANS AFFAIRS TO SUPPORT
COMPREHENSIVE RESEARCH ON HEALTH EFFECTS OF CHILDREN
OF MALE VIETNAM VETERANS EXPOSED TO AGENT ORANGE**

WHEREAS, research studies reviewed by the National Academy of Medicine (NAM) have not shown that there are increased rates of birth defects among children of male Vietnam veterans, except for spina bifida, where it found a “limited/suggested” association between paternal exposure to the herbicides used in Vietnam, or to dioxin, and a higher risk of spina bifida among their children; and

WHEREAS, there is a growing body of evidence that exposure to herbicide and its contaminants can induce epigenetic changes that pass from parent to offspring in animal models; and

WHEREAS, NAM has found that the available epidemiologic studies are of insufficient quality, consistency or statistical power to permit a conclusion regarding the presence or absence of an association with birth defects (other than spina bifida) as well as childhood cancer (including acute myeloid leukemia) in offspring of exposed people; and

WHEREAS, to resolve questions regarding paternally transmitted effects to their offspring, NAM continues to recommend that laboratory research be conducted to characterize herbicides’ and their contaminants’ potential for inducing epigenetic modifications, study paternal exposure in the absence of maternal exposure, and review systematically defined clinical health conditions that are manifested later in the offsprings’ lives and other high-quality research; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the Department of Veterans Affairs to conduct comprehensive research, including those recommended by NAM, to determine the level of association between herbicide exposure and birth defects and other conditions of children of male Vietnam veterans.

§ § §

RESOLUTION NO. 284

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

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

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

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

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

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

WHEREAS, assistive reproductive services are only provided to consenting personnel who have lost the ability to procreate due to service-related illness or injury; and

WHEREAS, wounded and ill veterans have made great sacrifices in the protection of the nation and deserve opportunities to rebuild their lives to a level of normalcy that includes the ability to create a family if they desire to do so; and

WHEREAS, veterans who, due to their military service are unable to procreate and require reproductive assistance, have already paid a price greater than any monetary assessment and have earned the right to have a family, it is incumbent on the Department of Veterans Affairs (VA) to make them whole to every extent possible; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation which would include in the VA's health benefits package the use of assisted reproductive technologies for veterans who have lost the ability to procreate due to service-related injury or illness.

§ § §

RESOLUTION NO. 285

**PROVIDE EASY AND EQUITABLE ACCESS TO DEPARTMENT OF VETERANS
AFFAIRS TRANSPORTATION BENEFITS AND SERVICES**

WHEREAS, because of service-connected disabilities, many disabled veterans face mobility challenges when attempting to access Department of Veterans Affairs (VA) health care benefits and services; and

WHEREAS, the VA is currently authorized to transport any person for any purposes to any location in connection with vocational rehabilitation, counseling and for the purpose of VA examination, treatment or care; however, transportation programs offered through the VA do not meet all the transportation needs of service-connected disabled veterans; and

WHEREAS, the VA Veteran Transportation Program has three components to accomplish its mission to improve the quality of life for veterans by increasing access to health care through integrated and cost-effective transportation solutions; and

WHEREAS, the Veterans Transportation Service (VTS) is intended to provide veterans with convenient and timely access to transportation services and to overcome barriers to receiving VA health care and services, and in particular to increase transportation options for veterans who need specialized forms of transportation to VA facilities; and

WHEREAS, wide variations in the eligibility for VTS transportation across the VA health care system is not consistent with overcoming barriers to receiving health care provided or purchased by the VA to service-connected veterans; and

WHEREAS, the VA Beneficiary Travel program is not available to all service-connected disabled veterans with mobility challenges, and confusion among local VA facilities due to vague policies for using special-mode transportation, such as a wheelchair van, is reflected in lower-than-expected utilization; and

WHEREAS, the VA Highly Rural Transportation Grant program provides grants to assist only veterans in highly rural areas through innovative transportation services to travel to VA medical centers and to otherwise assist in providing transportation services in connection with the provision of VA medical care to these veterans; and

WHEREAS, the VA lacks a consistent and comprehensive transportation policy for all service-connected disabled veterans across all established VA transportation and travel programs, benefits and services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to operate an effective and efficient transportation program for all service-connected veterans and to simplify access to transportation benefits and services to receive timely and high-quality VA health care, benefits and services.

§ § §

RESOLUTION NO. 286

**PROVIDE BENEFICIARY TRAVEL BENEFITS FOR UNSCHEDULED VISITS
TO RECEIVE CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, a cornerstone of patient-centered care is having excellent access to appropriate clinical care using appropriate modes of health care delivery at the time patients want and need the care; and

WHEREAS, the Department of Veterans Affairs (VA) beneficiary travel provides payment of travel expenses within the United States under section 111, title 38, United States Code, to help veterans and other persons obtain care and services from the VA; and

WHEREAS, it is VA policy to pay travel expenses only for one-way travel to veterans who receive VA care without a scheduled appointment; and

WHEREAS, the nature of acute medical or psychiatric illness or minor injuries, for which there is a pressing need for treatment to prevent deterioration of the condition or impairing possible recovery, is generally unscheduled and episodic; and

WHEREAS, VA facilities have developed local policy to provide care to veterans on a “drop-in” basis rather than through a scheduled appointment and without properly documenting such pre-scheduled encounter thus limiting travel benefits for service-connected veterans; and

WHEREAS, VA policy also subscribes to the principle that access to appropriate primary and urgent care must be unrestricted and ensure sufficient capacity to accommodate unscheduled “walk-in” patients; and

WHEREAS, VA beneficiary travel partial reimbursement for unscheduled visits runs counter to the stated purpose of the benefit, which is to “help ensure that beneficiary travel is covered only when necessary for the provision of care or services”; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress and the VA to change current beneficiary travel policy to pay round-trip travel expenses to veterans who receive VA care without a scheduled appointment.

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RESOLUTION NO. 287

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

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

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

WHEREAS, 86 Polytrauma Support Clinic Teams located in VA medical centers across the country provide specialized outpatient care in coordination with their Polytrauma Network Site (PNS) and offer continued medical and rehabilitation care and support closer to the home community for veterans who have experienced a mild-to-moderate TBI or polytrauma injury; and

WHEREAS, according to the VA's website, Polytrauma Network Sites offer continued medical care and rehabilitation, and are located in each Veterans Integrated Service Network (VISN): PNS are located in Boston, San Juan, Syracuse, Bronx, Philadelphia, Washington, D.C., Augusta, Lexington, Cleveland, Indianapolis, Hines, St. Louis, Houston, Dallas, Tucson, Denver, Seattle and West Los Angeles, as well as being co-located within the PRCs in Richmond, Tampa, Minneapolis, Palo Alto and San Antonio; 39 Polytrauma Points of Contact are located in Alaska, Hawaii and the Philippines, and are in locations without specialized rehabilitation teams; and

WHEREAS, veterans spend long periods at PRCs recovering from their injuries and receiving patient-centered care in these specialized polytrauma centers and PNS; and

WHEREAS, this specialized care is extraordinarily expensive and complex, often addressing complications from multiple amputations, TBI, burns, multiple shell fragment wounds and other catastrophic injuries; and

WHEREAS, since the VA's current nursing home capacity is primarily designed to serve elderly veterans, the VA must make every effort to create an age-appropriate environment for younger veterans that recognizes their different psychosocial needs; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on the Secretary of Veterans Affairs to request and allocate sufficient resources for polytrauma centers and PNS 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. 288

**SUPPORT SUFFICIENT FUNDING FOR DEPARTMENT OF VETERANS
AFFAIRS PROSTHETICS AND SENSORY AIDS SERVICE AND
TIMELY DELIVERY OF PROSTHETIC ITEMS**

WHEREAS, the Department of Veterans Affairs (VA) has operated a nationwide prostheses and sensory aids program, organized as Prosthetics and Sensory Aids Service (PSAS), for more than a half-century; and

WHEREAS, tens of thousands of veterans need the VA's life-changing PSAS care and services, and obtain a variety of items including prosthetic limbs, custom wheelchairs, orthotic items, eyeglasses, hearing aids, a variety of implantable surgical devices and supplies—a need that continues to rise due to the aging of the veteran population and grievous injuries in war veterans, past and present; and

WHEREAS, the VA provides care to over 50,000 veterans with limb loss; and

WHEREAS, in many cases prosthetic items are a truly individualized extension of the body and can impact all aspects of veterans' lives; and

WHEREAS, the VA must maintain flexibility in ordering and delivering a variety of state-of-the-art prosthetic aids to meet the unique needs of wounded, ill and injured veterans; and

WHEREAS, PSAS is nearing completion of reformation and reorganization of its procurement policies, procedures and administrative processes, intended to improve its purchasing power and leverage its position in the prosthetic, orthotic and medical device marketplace; and

WHEREAS, changes in procurement practices have in some cases negatively affected the timely delivery of prosthetic, orthotic and other items to many veterans; and

WHEREAS, the VA should work to reduce bureaucratic policies and develop a streamlined, faster and more simplified process for procuring prosthetic items, and develop systems that eliminate communication barriers between PSAS and the Office of Acquisition and Logistics; and

WHEREAS, throughout the process the VA should ensure appropriately trained prosthetic representatives and rehabilitation specialists are available to maintain the VA's strong connection between veterans and clinical components of prosthetic care and services; and

WHEREAS, the VA must rededicate itself to becoming a leader in prosthetic care by providing cutting-edge services and items to help injured, ill and wounded veterans fully regain mobility and achieve maximum independence in their activities of daily living, and in sports activities such as running, cycling, skiing, rock climbing and other physical exercises if they so choose; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks to ensure PSAS is provided sufficient funding from Congress and the Administration, enabling the program to deliver high-quality prosthetic items to all enrolled veterans needing such items and the specialized corresponding care and support; AND

BE IT FURTHER RESOLVED that DAV urges the VA to fulfill its goal of maximum recovery and independent living for our highest-priority veterans; to adopt procurement policies and other practices that accelerate the timely delivery of, and responsive maintenance and repair of, all prosthetic items; and to take fully and fairly into account the unique needs of severely injured and wounded veterans.

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RESOLUTION NO. 289

**SUPPORT CONSISTENT REASONABLE ACCESS FOR
POWER-DRIVEN MOBILITY DEVICES**

WHEREAS, hundreds of thousands of disabled veterans face daily challenges with mobility as a result of their military service; and

WHEREAS, individuals with mobility, circulatory, respiratory or neurological disabilities use many kinds of devices for mobility; and

WHEREAS, a number of power-driven mobility devices are available to assist individuals with mobility, and an individual's access to public places is protected by the Americans with Disabilities Act of 1990 (ADA), as amended; and

WHEREAS, regulations based on ADA allowing access with wheelchairs and other power-driven mobility devices are not widely acknowledged and can present difficulties for individuals seeking access to public areas; and

WHEREAS, the Department of Veterans Affairs (VA) policy is not clear on whether or not it permits power-driven mobility devices in its facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges that the VA carry out its policies to permit reasonable access to VA facilities by veterans using power-driven mobility devices consistently throughout the system.

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RESOLUTION NO. 290

**SUPPORT LEGISLATION TO IMPROVE DEPARTMENT OF
VETERANS AFFAIRS PROGRAMS DESIGNED TO PREVENT AND
TREAT SUBSTANCE-USE DISORDERS IN VETERANS**

WHEREAS, the misuse and abuse of alcohol and other addictive substances is a major health problem for many Americans, including veterans; and

WHEREAS, 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 of the respondents 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, veterans of the Afghanistan/Iraq War are at risk for post-traumatic stress disorder (PTSD) and a wide array of other medical and psychological conditions, which may be associated with veterans' increased use of substances; and

WHEREAS, a study of VA health care users shows that more than 11 percent of Afghanistan/Iraq War veterans have been diagnosed with an alcohol-use disorder, a drug-use disorder or both, and VA data show that almost 22 percent of Afghanistan/Iraq War veterans with PTSD also have a substance-use disorder; and

WHEREAS, the VA offers few integrated treatment programs that would work to address both the substance-use disorder and co-occurring PTSD, depression, anxiety, or other medical or mental health conditions which may cause or exacerbate veterans' inappropriate use of substances; and

WHEREAS, in some locations, the VA lacks timely access to a continuum of available services that ranges from detoxification to rehabilitation in order to effectively treat substance-use disorders; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 291

SUPPORT SUSTAINED AND SUFFICIENT FUNDING TO IMPROVE SERVICES FOR HOMELESS VETERANS

WHEREAS, compared to nonveterans, veterans are at higher risk of homelessness, and women veterans face unique challenges that increase their susceptibility to homelessness.; and

WHEREAS, many veterans experience post-deployment readjustment conditions such as post-traumatic stress disorder, substance-use disorders acquired during or worsened by their military service, or traumatic brain injuries that may make their participation in the workforce difficult or impossible, making them more prone to homelessness; and

WHEREAS, according to the National Coalition for Homeless Veterans, the Department of Veterans Affairs (VA) serves less than half of the homeless veteran population, making the over 2,100 community-based homeless programs necessary to fill the gaps as they collaborate with federal, state and local government agencies; and

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

WHEREAS, with greater numbers of women serving in military deployments, and with women veterans being more likely to have experienced sexual assault than women in the general population, and who are more likely than male veterans to be single parents, new and more comprehensive housing and child care services are needed; and

WHEREAS, the VA's specialized homelessness programs each year provide health care to almost 150,000 homeless veterans and other services to more than 112,000 veterans; and

WHEREAS, a December 2014 audit conducted by the VA Inspector General found that 27 percent of homeless and at-risk veterans who called the Veterans Health Administration's National Call Center for Homeless Veterans for help were unable to reach counselors; 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 the 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, Opening Doors, Federal Strategic Plan to Prevent and End Homelessness, was launched in 2010 after the VA Secretary's November 2009 plan to end homelessness in five years was announced, which began a campaign to end homelessness among veterans through enhanced collaboration with other federal, state, faith-based, veterans service organization and community partners; and

WHEREAS, the 2015 Point-in-Time count, a "snapshot" of homelessness on a given night in America, shows that homelessness among veterans is down 46 percent since 2009; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress to sustain sufficient funding to continue to support the VA's initiative to eliminate homelessness among veterans and strengthen the capacity of the VA Homeless Veterans program to include: increasing its mental health and substance-use disorder programs' capacity, providing vision and dental care services to homeless veterans as required by law, incorporating child care for veterans in homeless programs where possible, and improving its outreach efforts to help ensure homeless veterans gain access to the VA's specialized health and benefits programs; AND

BE IT FURTHER RESOLVED that 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.

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RESOLUTION NO. 292

**REQUIRE ASSISTIVE TECHNOLOGY TRAINING OF DEPARTMENT
OF VETERANS AFFAIRS STAFF WHO WORK TO REHABILITATE
BLIND AND VISUALLY IMPAIRED VETERANS**

WHEREAS, the Veterans Health Administration has established training and assessment protocols for blind and visually impaired veterans and provides them assistive technology training; and

WHEREAS, the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) does not possess a specialty or certification for technology; and

WHEREAS, staff and supervisors within Blind Rehabilitation Service acknowledge that they are unprepared and unable to remain abreast of evolutionary advances in assistive technology for the blind; and

WHEREAS, enhancements of electronic assistive devices are continuously introduced; and

WHEREAS, blind and visually impaired veterans utilize assistive technology to accomplish tasks in manual skills, living skills, orientation mobility, computing and basic quality-of-life needs; and

WHEREAS, any individual within Blind Rehabilitation Service that either provides training or assesses visually impaired veterans must be knowledgeable on the capabilities of such devices; and

WHEREAS, presently Blind Rehabilitation Service, ACVREP and social workers follow no national standard for minimum technical knowledge; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges that the Department of Veterans Affairs Blind Rehabilitation Service ensure that all personnel involved with the assessment and training of blind and visually impaired veterans receive regular training in the form of continuing education credits or achieve independent certification on technological solutions and adaptive aides.

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RESOLUTION NO. 293

SUPPORT PROGRAM IMPROVEMENT AND ENHANCED RESOURCES FOR DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH PROGRAMS

WHEREAS, current research findings indicate that war veterans from Afghanistan and Iraq are at higher risk for post-traumatic stress disorder (PTSD) and other post-deployment mental health challenges; and

WHEREAS, the Department of Veterans Affairs (VA) reports that veterans of these 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 January 2017, the VA reported that of the 1,964,534 separated Afghanistan/Iraq War veterans, 1,218,857 have obtained VA health care since fiscal year (FY) 2002, a total of 708,062 unique patients have received a diagnosis of a mental disorder, and 393,139 of the enrolled Afghanistan/Iraq War veterans were diagnosed with PTSD (not including PTSD data from the VA's Vet Centers, those not enrolled in VA health care or those only diagnosed with an adjustment reaction); and

WHEREAS, in FY 2015, more than 1.6 million veterans received specialized mental health care from the VA, a number that has steadily risen from over 900,000 in FY 2006; and

WHEREAS, the VA provides 49,315 outpatient mental health appointments a day, and has increased the number of outpatient mental health encounters or treatment visits, from 10.5 million in 2005 to 20.8 million in 2015—a 97 percent increase.; and

WHEREAS, since 2012, the VA has added 2,444 mental health full-time equivalent employees and hired over 1,100 peer specialists and apprentices, bringing the number of Veterans Health Administration's total mental health full-time equivalent employees to 21,158, providing direct inpatient and outpatient mental health care; and

WHEREAS, the VA has improved access to mental health services at its 820 community-based outpatient clinics, but such services still are not readily available at all sites; and

WHEREAS, we remain concerned about the capacity in specialized PTSD programs and the availability of 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, the VA has 300 Vet Centers located in every state, the District of Columbia, American Samoa, Guam and Puerto Rico, and has a fleet of 80 Mobile Vet Centers that are designed to extend the reach of Vet Center services through focused outreach, 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 (DoD) and the VA share a unique obligation to meet the health care, including mental health care and rehabilitation needs, of veterans who are suffering from readjustment difficulties as a result of wartime service; and

WHEREAS, suicide is a concern in the military services and veteran population, but especially among wartime service members and veterans, with an average of 20 veterans a day committing suicide in 2014, 65 percent of all veterans were 50 or older; and

WHEREAS, research indicates that veterans are 21 percent more likely to commit suicide than their civilian counterparts, while the risk for suicide among female veterans was 2.4 times higher compared to civilian adult females; and

WHEREAS, the highest suicide rates occur among veterans who do not participate in the VA's mental health programs; and

WHEREAS, DoD and the VA are responsible for screening and evaluating all service members returning from deployments and ensuring they understand what services are available for post-deployment readjustment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports program improvements, data collection and reporting on suicide rates among service members and veterans; improved outreach through general media for stigma reduction and suicide prevention; sufficient staffing to meet demand for mental health services; and enhanced resources for VA mental health programs, including Vet Centers, to achieve readjustment of new war veterans and continued effective mental health care for all enrolled veterans needing such services.



RESOLUTION NO. 294

OPPOSE WEAKENING, DIMINISHING OR DISMANTLING THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM

WHEREAS, operating the nation's largest integrated and specialized health care system, the Department of Veterans Affairs (VA) is expected to fulfill four critical health care missions: providing timely, high-quality health care to ill and injured veterans; educating and training health care professionals; conducting medical and prosthetic research; and serving society in general in times of national emergency; and

WHEREAS, from assisting with natural disasters, emergencies and chemical, biological or radiological threats to the stockpiling of drugs, medical devices, and other biological and emergency supplies, the VA carries the responsibility of serving as a backup for the Department of Defense, responding in concert with the Department of Homeland Security, and coordinating with the Department of Health and Human Services to fulfill its indispensable role in our nation's emergency preparedness strategy, often without additional funding and resources; and

WHEREAS, to provide an adequate supply of health personnel to the nation, the VA delivers clinical education and training to over 125,000 clinical trainees across more than 40 health care disciplines through coordinated programs and activities with over 1,800 unique college and university affiliates, all which contribute substantially to the VA's ability to deliver cost-effective, high-quality care to veterans; recruit and retain health care professionals; and conduct meaningful veteran-centered research; and

WHEREAS, despite insufficient and unpredictable funding for VA research or state-of-the-art technology, equipment and facilities, the VA Medical and Prosthetic Research program provides a vital service and investment for veterans in developing new treatments restoring their wounds and injuries, to maintain the health of veterans of prior conflicts; and

WHEREAS, the VA's primary mission to furnish service-connected veterans with timely, high-quality health services covers a full continuum of care including, but not limited to, such foundational services as primary care through patient-centered medical home, prosthetics services, spinal cord injury and disease care, blinded care, amputee care, polytrauma care, mental health care, treatments for toxic and environmental exposures, pharmacy, and long-term services, and support in both institutional and noninstitutional settings; and

WHEREAS, the increasing demand for the VA health care reflects changes in the veteran patient population such as the advanced aging of many World War II, Korean and Vietnam veterans in greater need of health care; high veteran satisfaction with the VA's comprehensive and coordinated delivery of health care; and changes in health care practice such as the increasing use of pharmaceuticals, advances in technology and increasing provision of community care; and

WHEREAS, while funding for VA to furnish medical care has increased year over year, it has not kept pace with demand from the rising number of veterans using the VA, the growing volume and intensity of health services being used and the increasing reliance on using the VA health care system; and

WHEREAS, as demand outstripped available VA capacity and resources impacting veterans access to care, Congress provided the VA an additional \$19.4 billion since fiscal year 2015 to purchase care in the community, and enacted Public Law 115–182 to reform the VA health care system by consolidating the VA community care programs, improving and expanding existing programs and authorities, and developing a long-term plan to realign and modernize the VA’s health care infrastructure without additional funds for the VA health care system; and

WHEREAS, substantial funding increases for community care is outpacing funding increases for VA medical care, and sequestration and arbitrary budget caps are beginning to have negative effects on the Department’s ability to adequately provide veterans care within the VA health care system; and

WHEREAS, the VA must maintain a “critical mass” of capital, human and technical resources to promote effective, high-quality care for veterans, especially those with sophisticated health problems, such as blindness, amputations, spinal cord injury or chronic mental health problems; and

WHEREAS, it is well documented in numerous studies of the VA health care system and the quality of care it delivers to millions of veterans that while it faces many challenges, it continues to outperform the United States health care system on nearly every quality of care metric, and this unique accomplishment affords the best value to taxpayers in caring for ill and injured veterans and must not be compromised; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any recommendation or proposal that could adversely impact the VA’s ability to deliver on its four missions or could lead to weakening, diminishing or dismantling of the VA health care system that millions of service-disabled veterans have chosen and rely upon.

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RESOLUTION NO. 295

SUPPORT LEGISLATION TO ESTABLISH A COMPREHENSIVE PROGRAM FOR TRAUMATIC BRAIN INJURY REHABILITATION

WHEREAS, traumatic brain injury (TBI) has been called the signature wound of veterans serving 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 lifelong personal and clinical support, including neurological, medical and psychiatric services, and physical, psycho-social, occupational and vocational therapies; and

WHEREAS, the Department of Veterans Affairs (VA) has a care management team for every severely ill or injured Afghanistan/Iraq War veteran, which consists of, at a minimum, a program manager, a clinical case manager and a transition patient advocate in order to facilitate a comprehensive care plan for the veteran and their family during the initial care and long-term rehabilitation of these patients; and

WHEREAS, we remain concerned about capacity and whether the VA has the resources and staff necessary to provide intensive rehabilitation services; treat the chronic physical, emotional and behavioral problems that would be benefited by long-term therapeutic residential facilities; and 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 including a higher risk of developing dementia, and that symptoms are often co-morbid with post-traumatic stress disorder, depression and post-traumatic visual syndrome that can further confound diagnosis and treatment; and

WHEREAS, generations of veterans from earlier wars and conflicts may have suffered TBI, but this injury went unrecognized or was treated as mental illness; and

WHEREAS, milder forms of TBI may not be detected immediately, and the Department of Defense (DoD) and the VA have 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 existing gaps in knowledge in understanding the prevalence, prognosis, effective treatment and costs of addressing needs of veterans with TBI; and

WHEREAS, in 2015 the VA's Office of Research and Development held a state-of-the-art meeting/ summit of leaders in the field of TBI for the purposes of highlighting advances that have been achieved over the past seven years and to discuss future research and clinical directions to improve the health of veterans suffering from TBI; 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; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation that would require the 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 DAV urges that any TBI studies or research undertaken by the 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.

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Employment, Education and General

RESOLUTION NO. 010

SUPPORT MEANINGFUL ACCOUNTABILITY MEASURES, BUT WITH DUE PROCESS, FOR EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, in order to assure that veterans receive the benefits and services they have earned, every Department of Veterans Affairs (VA) employee, manager and leader must faithfully fulfill their duties and responsibilities; and

WHEREAS, when VA employees fail veterans due to poor performance or misconduct, these individuals must be held accountable for such failures; and

WHEREAS, accountability constitutes a range of actions, including remedial training, demotion, suspension and, when justified, termination; and

WHEREAS, the VA's long-term future must foster an environment in which the best and brightest individuals choose VA employment over other federal or private employers; and

WHEREAS, poor performance and misconduct cannot be tolerated, but all VA employees must be confident that fairness and due process govern selection, promotion, demotion, sanction or termination; and

WHEREAS, without such assurances of fairness and due process in the workplace, talented individuals may not entertain working in or remaining at the VA; and

WHEREAS, pending legislative proposals before Congress would heighten accountability; however, any bill enacted by Congress should include standards by which accountability can be measured while ensuring due process and fairness for VA employees subject to such standards; and

WHEREAS, civil service protections enacted decades ago came about as a consequence of cronyism, politicization and ill treatment of civil servants, including terminations for almost any reason or no reason; and

WHEREAS, ensuring that the civil service remains free of political influence is a principle that must be protected to guarantee that VA employees are either appointed, demoted or terminated for political or personal reasons; and

WHEREAS, sanctions against VA employees based on performance must be made only if measurable performance standards have been clearly communicated but still violated; and

WHEREAS, VA managers must be empowered to use existing policies in a timely manner to sanction employees who fail to meet their documented performance standards; and

WHEREAS, applying sanctions exclusively to VA employees in the wake of a scandal is in contravention of civil service rules that regulate the entire federal workforce; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, insists any legislation changing the existing employment protections in the VA must strike a balance between holding civil servants accountable for their performance, while maintaining the VA as an employer of choice for the best and brightest.

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RESOLUTION NO. 020

**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, many service-connected veterans are 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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks the enactment of legislation which would extend educational assistance under chapter 35, title 38, United States Code, to the dependents of veterans who have service-connected disability ratings of 80 percent or more.

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RESOLUTION NO. 026

**REQUIRE THE UNITED STATES CONGRESS TO CREATE A WORK PROJECTS PROGRAM,
WHICH GUARANTEES FEDERAL EMPLOYMENT TO SERVICE-DISABLED VETERANS**

WHEREAS, the federal government set a precedent with the creation of the Works Progress Administration (WPA), later renamed the Work Projects Administration (WPA), to complete major public works projects before World War II; and

WHEREAS, WPA was highly successful in completing major public works projects, and

WHEREAS, general government infrastructure nationwide lacks sufficient funding to maintain the adequate safety of public roads, bridges, water supplies and the like; and

WHEREAS, the nation's veterans have proved themselves as dedicated, highly trained and capable workers that bring leadership and maturity to the workforce; and

WHEREAS, such a program has the potential to significantly reduce veteran homelessness caused by high unemployment rates and demonstrate the gratitude of the people served by our veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, strongly supports legislation to require the United States Congress to create and fund, without reduction to the Department of Veterans Affairs or Department of Defense funding, a jobs program similar to WPA, which guarantees federal employment to persons being discharged from military service under other than dishonorable conditions.

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RESOLUTION NO. 072

SUPPORT VETERANS' PREFERENCE IN PUBLIC EMPLOYMENT

WHEREAS, DAV strongly supports federal, state and local veterans' preference laws; and

WHEREAS, under section 2108, title 5, United States Code, qualified veterans with military service in periods of conflict receive a 5-point preference in federal hiring, and service-disabled veterans receive a 10-point preference; and

WHEREAS, numerous special hiring authorities exist in federal law for veterans and service-disabled veterans, including the veterans recruitment appointment authority, Veterans Employment Opportunities Act of 1998 hiring authority and the 30 percent or more disabled veterans hiring authority; and

WHEREAS, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, requires most federal contractors to have an "Affirmative Action" plan for employment of service-disabled veterans, veterans who served during periods of conflict and recently separated veterans; and

WHEREAS, the Uniformed Services Employment and Reemployment Rights Act was enacted to protect veterans from job discrimination and ensure their right to re-employment after an absence due to service in the uniformed services, to include protection for seniority, health insurance and retirement benefits; and

WHEREAS, federal agencies generally have not taken a proactive position on identifying patterns and practices of veterans' preference employment discrimination violations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, supports veterans' preference in federal, state and local employment; greater enforcement provisions; and increased accountability for veterans hiring compliance; AND

BE IT FURTHER RESOLVED that DAV supports appropriate enforcement against systemic veterans' preference discrimination, broader utilization of veterans and service-disabled veterans hiring preference, and substantive improvement of recruitment and hiring of veterans generally and service-disabled veterans specifically.

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RESOLUTION NO. 112

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

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

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

WHEREAS, DAV worked for more than two decades to reform the budget process in order to 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, the adoption of budget caps and sequestration have often limited the ability of congressional appropriations committees to fully fund all veterans programs, services and benefits; and

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to authorize advance appropriations for all of the VA's discretionary and mandatory budget, which would extend advance appropriations to include IT, medical and prosthetic research, major construction, minor construction, State Home construction, state cemetery construction grants, general operating expenses (VBA and general administration), the National Cemetery Administration, the Office of Inspector General, and all other mandatory benefits; AND

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

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

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RESOLUTION NO. 162

**ELIMINATE THE DELIMITING DATE FOR ELIGIBLE SPOUSES
AND SURVIVING SPOUSES FOR BENEFITS PROVIDED UNDER
CHAPTER 35, TITLE 38, UNITED STATES CODE**

WHEREAS, dependents and survivors eligible for Department of Veterans Affairs (VA) education benefits under chapter 35, title 38, United States Code, have 10 years in which to apply for and complete programs of education; and

WHEREAS, this 10-year period begins either from the date a veteran is evaluated by the VA as permanently and totally disabled from service-connected disabilities or 10 years from the date of such veteran's death due to service-connected disability; and

WHEREAS, in many instances, because of family obligations or the need to provide care to the veteran, spouses and surviving spouses may not have had an opportunity to apply for these benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks the enactment of legislation to eliminate the delimiting date for spouses and surviving spouses for purposes of benefits provided under chapter 35, title 38, United States Code.

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RESOLUTION NO. 173

SUPPORT THE DEPARTMENT OF VETERANS AFFAIRS (VA) PROVIDING CHILD CARE SERVICES AND ASSISTANCE TO VETERANS ATTENDING VA HEALTH CARE, VA BENEFITS PROGRAMS, VA EDUCATIONAL PROGRAMS, VA EMPLOYMENT SERVICES, VA HOMELESS PROGRAMS AND VA REHABILITATIVE PROGRAMS

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the enactment of legislation for the VA to provide child care services/assistance to veterans attending VA health care, VA benefits programs, VA educational programs, VA employment services, VA homeless programs and VA rehabilitative programs.

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RESOLUTION NO. 182

**SUPPORT EXTENSION OF A PERIOD OF EMPLOYMENT SERVICES UNDER
VOCATIONAL REHABILITATION AND EMPLOYMENT SERVICES**

WHEREAS, title 38, United States Code, §3105, states the period of a vocational rehabilitation program for a veteran may not exceed 48 months; and

WHEREAS, title 38, United States Code, §3105, allows veterans counseling and placement and post-placement services for an additional period not to exceed 18 months in any case in which the Secretary determines the provision of such counseling and services to be necessary to accomplish the purposes of a rehabilitation program in the individual case; and

WHEREAS, veterans with service-connected disabilities have substantial industrial impairments and face employment barriers even after rehabilitation or achievement of vocational goals; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks to ensure that service-connected veterans receive the services necessary to obtain and maintain suitable employment; DAV, Department of Virginia supports an extension up to 24 months for counseling and placement and post-placement services.

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RESOLUTION NO. 190

**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 service-disabled veterans specifically than many other groups; and

WHEREAS, there are numerous veterans employment and training programs reaching out to provide critical assistance but are in need of adequate staffing and funding; and

WHEREAS, these programs include the Veterans' Employment and Training Service of the Department of Labor, National Veterans Training Institute of the Small Business Administration, Disabled Veterans' Outreach Program, Local Veterans Employment Representative program, homeless assistance programs and others; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, seeks and supports adequate funding and permanency for all veterans employment and training programs.

§ § §

RESOLUTION NO. 191

**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 service-disabled veterans to meaningful employment relies heavily on the VA's ability to provide vocational rehabilitation and employment services in a timely and effective manner, but the demands and expectations being placed on the VR&E Service are exceeding the organization's current capacity to effectively deliver a full continuum of comprehensive programs; and

WHEREAS, the VR&E Service has been experiencing a shortage of staff nationwide because of insufficient funding, which, as a result, has caused delays in providing VR&E services to service-disabled veterans, thus reducing their opportunities to achieve successful and timely rehabilitation; and

WHEREAS, to increase emphasis on employment, the VR&E Service has begun an initiative entitled "Coming Home to Work," an early outreach effort to provide VR&E services to eligible service members pending medical separation from active duty at military treatment facilities, which will require additional staff to maintain efforts nationwide; and

WHEREAS, even though the focus of the VR&E Service has drastically changed to career development and employment, it is not clear, despite VR&E's additional 80 employment coordinators, whether the VA is able to meet the current and future demand for employment services; and

WHEREAS, in addition, the current 60 days of employment as the standard for a veteran to be considered fully employed is insufficient given that employers typically require longer probationary employment timeframes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports strengthening of the VA's VR&E Service to meet the demands of service-disabled veterans by providing increased staffing and funding, a more timely and effective transition into the workforce, and placement follow-up with employers for at least six months.

§ § §

RESOLUTION NO. 192

**REMOVE REQUIREMENT THAT DEPARTMENT OF VETERANS AFFAIRS
COMPENSATION TO SERVICE-CONNECTED VETERANS IS COUNTED AS INCOME
FOR PURPOSES OF FEDERAL FINANCIAL AID DETERMINATIONS**

WHEREAS, Department of Veterans Affairs (VA) monthly disability compensation is a tax-free benefit awarded to ill and injured veterans and is not considered income under the Internal Revenue Code; and

WHEREAS, the Free Application for Federal Student Aid (FAFSA) requires dependents of service-connected disabled veterans in receipt of VA disability compensation to disclose their parents' compensation as income under penalty of perjury; and

WHEREAS, this requirement is contrary to the intent of the VA disability compensation award and contrary to tax law; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to counter this arbitrary and capricious victimization of ill and injured veterans and their dependents, which can render the dependent child of a service-disabled veteran ineligible for federal student aid; AND

BE IT FURTHER RESOLVED that this requirement is unjust to service-disabled veterans and their dependents.

§ § §

RESOLUTION NO. 193

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

WHEREAS, section 308, Public Law 108–183, the Veterans Benefits Act of 2003, established a procurement program for service-disabled veteran-owned small 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, which provides enhanced opportunities for SDVOSBs to compete for federal projects and subcontracting opportunities; and

WHEREAS, the SDVOSB category has encouraged many service-disabled veterans to take the personal risk of establishing small businesses with the support of their families, their own personal financial resources, the VA and, in some cases, commercial institutions; and

WHEREAS, these SDVOSBs have created new job opportunities for American citizens and, in many cases, have hired other service-disabled veterans and veterans during very challenging economic times; and

WHEREAS, in enacting Public Law 111–240, the federal government acknowledges that it is essential to create and grow small businesses in order to create new jobs and help the country recover from a most severe recession and provide for future job growth; and

WHEREAS, the SDVOSB category requires the service-disabled veteran to own at least 51 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 service-disabled veteran's investment, family heirs and employees at severe risk due to either downsizing or closing the business due to loss of federal procurement opportunities; and

WHEREAS, section 8127 (h)(2)(C), Public Law 109–461, (applicable only to VA) allows for a 10-year transition period to the surviving spouse of a 100 percent service-disabled veteran owner of a SDVOSB or a veteran owner who dies as a result of a service-connected disability; and

WHEREAS, allowing the surviving spouses or heirs of service-disabled veterans to gain a reasonable transition period for the SDVOSB program would help to maintain the jobs created by the SDVOSB for service-disabled veterans, veterans and other employees, and will not put these individuals at increased financial risk and hardship due to likely job loss or downsizing of the business; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the enactment of legislation to provide a reasonable transition period for all SDVOSBs, not covered by Public Law 109–461, to retain their SDVOSB status with the federal government following the death of the service-disabled veteran owner via a surviving spouse, children or heirs, and thus allowing the business to restructure over time without necessarily downsizing, laying off workers or closing.

§ § §

RESOLUTION NO. 298

SUPPORT LICENSURE AND CERTIFICATION OF ACTIVE-DUTY SERVICE PERSONNEL

WHEREAS, the Department of Defense (DoD) establishes, measures and evaluates performance standards for every occupation within the armed forces, providing some of the best vocational training in the nation to its military personnel; and

WHEREAS, that training is not recognized as fulfilling the certification and licensure requirements of applicable civilian equivalent occupations by all of the states; and

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

WHEREAS, many occupational career fields in the armed forces could translate to civilian occupations if DoD, in collaboration with states, unions and certifying/licensing entities, would expand its training curriculum to meet the various certification and licensure requirements of applicable civilian equivalent occupations, or forge some other path to do so; and

WHEREAS, once DoD expands its training approaches to meet the requirements of civilian equivalent career paths, service members could take certification or licensure equivalency examinations to gain journeyman status on par with the military occupation level of proficiency for the state in which they plan to reside; and

WHEREAS, the state in which the military service member plans to reside could then confer the appropriate journeyman equivalent status; and

WHEREAS, as military service members continue to serve, additional training or education could be counted as continuing training or education credits, thereby allowing them to retain certification and/or licensure status; and

WHEREAS, Public Law 112-56, the VOW to Hire Heroes Act, mandates the Department of Labor's (DoL's) Assistant Secretary for Veterans' Employment and Training to carry out a demonstration project on credentialing to facilitate the seamless transition of members of the armed forces to civilian employment by selecting up to five military occupational specialties with a skill or set of skills that are required for civilian employment in industries with high career demand; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, supports the elimination of employment barriers that impede the transfer of military occupations to the civilian labor market; AND

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



RESOLUTION NO. 299

SUPPORT LEGISLATION TO EXTEND THE DURATION OF VOCATIONAL REHABILITATION BENEFITS BEYOND 48 MONTHS

WHEREAS, veterans that have a disability rating with the Department of Veterans Affairs (VA) and are considered to have an employment handicap are eligible for Vocational Rehabilitation Services through the VA; and

WHEREAS, disabled veterans are eligible for the Vocational Rehabilitation Program for a duration not to exceed 48 months (or its equivalent when pursued on a part-time basis); and

WHEREAS, many veterans do not have any college prior to entering the Vocational Rehabilitation Program and require basic entry-level courses to start college; and

WHEREAS, Vocational Rehabilitation and Employment released their Longitudinal Study Annual Report for fiscal year 2016, in which it states that the average college degree takes up to five years to complete; and

WHEREAS, it would be more equitable if the laws and regulations were changed so that veterans were eligible for vocational rehabilitation benefits beyond 48 months, extending them to a minimum of 60 months, to ensure that they can complete their program without additional financial burden;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation that would allow vocational rehabilitation benefits to be extended, to a minimum of 60 months, for eligible veterans, to ensure that they can complete their program without additional financial burden.

§ § §

RESOLUTION NO. 300

**CREATE AN ECONOMIC OPPORTUNITY ADMINISTRATION
WITHIN THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, veterans programs have become more complex over the years, and the fragmented nature of these programs has resulted in a decreased ability of senior management to monitor the delivery of each veterans employment, education, and training program; and

WHEREAS, when the Department of Veterans Affairs (VA) was created, the initial reason for doing so was to avoid duplication, fragmentation or delay in the various services provided to veterans; and

WHEREAS, anticipating veterans' long-term needs, not only for health care and disability compensation but also for education and employment, requires a new approach; and

WHEREAS, establishing a fourth administration within the VA dedicated to creating economic opportunities for veterans would increase the visibility and accountability of all veterans education and employment-related programs; and

WHEREAS, despite a steadily increasing workload due to more veterans becoming eligible as the compensation backlog is reduced, programs such as Vocational Rehabilitation have seen a stagnation of budget requests and even reductions; and

WHEREAS, this new centralized veterans economic opportunity administration should be administered through a new position of Under Secretary for said organization; and

WHEREAS, such a move would allow the Under Secretary for Benefits to focus specifically on the delivery of disability compensation and pension benefits to disabled veterans, their dependents and survivors; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, recommends that Congress separate from the Veterans Benefits Administration all programs related to economic opportunity and create a new administration and that it should be appropriately funded and administered by an Under Secretary for Economic Opportunity.

§ § §

RESOLUTION NO. 301

**SUPPORT PROMPT PAYMENT OF CONTRACTS TO
SERVICE-DISABLED VETERAN-OWNED BUSINESSES**

WHEREAS, the program of contracts for service-disabled veteran-owned small businesses (SDVOSB) on a preferential basis should be of a great assistance to SDVOSBs that hire disabled veterans; and

WHEREAS, we are aware of problems involving the nonpayment of contracts; and

WHEREAS, these SDVOSBs complain about reduced payments, the threat of rejection from future contracts and/or the threat of being put out of business; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks and strongly supports the immediate payment of all completed SDVOSB contracts that are unpaid for more than one year, the expeditious payment of all unpaid completed SDVOSB contracts and an investigation of the inappropriate tactics used against our comrades by an independent prosecutor.

§ § §

RESOLUTION NO. 302

**SUPPORT FRAUD PREVENTION CONTROLS OVER
SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS PROGRAM**

WHEREAS, the Service-Disabled Veteran-Owned Small Business (SDVOSB) Program, designed to steer \$4 billion in government contracts to businesses owned by service-disabled veterans, has allowed over \$90 million to be fraudulently awarded to ineligible companies; and

WHEREAS, the Small Business Administration failed to properly check applicants before awarding contracts and failed to take action on service-disabled veterans' complaints of abuse; and

WHEREAS, testimony presented by the United States Government Accountability Office identified millions of dollars of SDVOSB contracts awarded to ineligible firms; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks and strongly supports the investigation, prevention and monitoring controls and to ensure that fraud is aggressively prosecuted or companies having committed fraud are suspended, debarred or otherwise held accountable.

§ § §

RESOLUTION NO. 303

**SUPPORT VERIFICATION IMPROVEMENTS FOR VETERAN-OWNED
BUSINESSES WITHIN THE DEPARTMENT OF VETERANS AFFAIRS**

WHEREAS, the historical high unemployment rate of returning veterans and the current state of the economy present a career challenge for former military personnel, resulting in high levels of unemployment; and

WHEREAS, the military is downsizing, and thousands of former military personnel who have honorably served their country could become unemployed when they leave the military; and

WHEREAS, small business development assistance to veterans who have honorably served this country is a veterans benefit that dates back to the Servicemen's Readjustment Act of 1944; and

WHEREAS, the Department of Veterans Affairs (VA) is authorized under the Veterans First program to enter into contracts first with service-disabled veteran-owned small businesses (SDVOSB) and then with veteran-owned small businesses (VOSB); and

WHEREAS, Congress has found that the VA has entered into contracts pursuant to the Veterans First program with companies that were not legitimate SDVOSBs or VOSBs; and

WHEREAS, the VA has implemented a formal verification process that is overly burdensome; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, recommends the VA simplify its verification process for SDVOSBs and VOSBs interested in participating in the VA's Veterans First Contracting Program.

§ § §

RESOLUTION NO. 304

**MONITOR ACTIVITIES OF THE MANDATORY TRANSITION
GOALS, PLANS, SUCCESS PROGRAM**

WHEREAS, current law authorizes comprehensive transition assistance benefits and services for separating service members and their spouses, and requires that the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP), now known as the Transition Goals, Plans, Success (GPS) program, be established and maintained; and

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

WHEREAS, the transition program was created to help our separating service members successfully transition to the civilian workforce, start a business, or pursue training or higher education and is now mandatory for active-duty personnel, except under certain circumstances as specified in Public Law 112-56, the VOW to Hire Heroes Act; and

WHEREAS, participation by DAV and other veterans service organizations in the Transition GPS program is essential to service members to gain a full understanding of entitlements and free assistance and representation available upon discharge from military service; and

WHEREAS, the Transition GPS program expands the previous TAP and DTAP workshops from five to seven days (or longer in some instances) to strengthen, standardize and expand counseling and guidance for service members as they are separating from military service while transforming the military's approach to education, training and credentialing for service members; and

WHEREAS, the Transition GPS program, and its component TAP and DTAP workshops, are essential to easing some of the problems associated with transition, as is periodic review of training methodology and the collection and analysis of course participant critiques to ensure the program is fulfilling its intended objective, as mandated in Public Law 112-56; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, urges Congress to monitor the review of Transition GPS program, its workshops, training methodology and delivery of services, and the collection and analysis of course critiques; to ensure the inclusion of DAV and other veterans service organizations in workshops, in order to confirm the program is meeting its objective; and to follow up with participants to determine if they found gainful employment following such training.

§ § §

RESOLUTION NO. 305

SUPPORT LEGISLATION TO EXEMPT A VETERAN RATED AS PERMANENTLY AND TOTALLY DISABLED DUE TO SERVICE-CONNECTED DISABILITIES FROM FEDERAL TAXES ON FORGIVENESS OF STUDENT LOAN INDEBTEDNESS

WHEREAS, veterans rated permanently and totally disabled due to service-connected disabilities are entitled under existing laws to have the principal of their outstanding federally insured student loans forgiven; and

WHEREAS, these veterans are not among those exempted from paying taxes on the amount of the student loan debt that is forgiven; and

WHEREAS, these disabled veterans are placed at a significant economic disadvantage based on the limitations imposed upon them by the wounds, illnesses and injuries incurred during the performance of their military duties, placing an unreasonable burden on them and their families to pay taxes on forgiven federal loans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the enactment of legislation that would exempt from taxes the amount forgiven for federal student loans to veterans rated as permanently and totally disabled.

§ § §

RESOLUTION NO. 306

SUPPORT LEGISLATION ENHANCING GOVERNMENT-WIDE GOALS FOR PARTICIPATION BY SMALL BUSINESSES OWNED AND CONTROLLED BY SERVICE-DISABLED VETERANS

WHEREAS, section 502, Public Law 106–50, the Veterans Entrepreneurship and Small Business Development Act of 1999, codified “the Government-wide goal for participation by small business concerns owned and controlled by service-disabled veterans shall be established at not less than 3 percent of the total value of all prime contract and subcontract awards for each fiscal year”; and

WHEREAS, the Department of Veterans Affairs (VA) Office of Small and Disadvantaged Business Utilization has the Center for Veterans Enterprise, which maintains the VA’s database of veteran-owned small businesses (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 women-owned small businesses; and

WHEREAS, the database va.gov/osdbu vendor information page (VIP) lists businesses that are 51 percent or more owned by veterans and is the only one within the federal government; and

WHEREAS, 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, requires verification of veterans’ ownership of listed SDVOSBs and VOSBs, as well as verification of the service-disabled status of SDVOSBs, the federal agencies tasked with ensuring set-asides and timely, comprehensive verification have failed to do so; and

WHEREAS, according to the VA Office of Inspector General report, Audit of Veteran-Owned and Service Disabled-Owned Small Business Programs, Report Number 10-02436-234, dated July 25, 2011, 32 of 42 statistically selected businesses that were reviewed—76 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, women-owned small businesses and small businesses now have the same meaning, thus providing parity to each of these businesses when competing for contracts; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, calls on 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 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 be goals, and should require underperforming federal agencies to make up shortfalls in achieving these goals in the subsequent fiscal year; AND

BE IT FURTHER RESOLVED that Congress should revise the enforcement penalties for misrepresentation of a business concern as a VOSB or SDVOSB from a reasonable period of time as determined by the Secretary to a period of not less than five years; AND

BE IT FURTHER RESOLVED that Congress must ensure adequate resources are available to the Office of Small and Disadvantaged Business Utilization to expedite verification of VIP business listing eligibility and all federal agencies to effectively monitor and hold accountable those agencies that are not meeting the set-aside goal of not less than 3 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 would serve as an annual report card of which agencies need the most assistance in the development and implementation of stronger contracting compliance.

§ § §

RESOLUTION NO. 307

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

WHEREAS, the United States Department of Labor's Veterans Employment and Training Service administers programs to assist veterans with their employment and training needs; and

WHEREAS, Disabled Veterans Outreach Program Specialists (DVOPSs) provide intensive services to disabled veterans 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 outreach to community businesses to locate employment opportunities; and

WHEREAS, pursuant to Public Law 112-56, the VOW to Hire Heroes Act, state employment agencies are now directed to utilize DVOPSs and LVERs to work on other public assistance-related programs, which diverts DVOPSs/LVERs from their prime mission to assist veterans with their employment and training needs; and

WHEREAS, this same law directs the Secretary of Labor to conduct regular audits to ensure compliance with this provision; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, urges Congress to reverse its decision from Public Law 112-56, and return the duties of DVOPSs and LVERs to concentrate their work to aid veterans.

§ § §

RESOLUTION NO. 308

**ELIMINATE ANNUAL EMPLOYMENT VERIFICATION QUESTIONNAIRE BY VETERANS
IN RECEIPT OF INDIVIDUAL UNEMPLOYABILITY BENEFITS**

WHEREAS, veterans receiving Individual Unemployability (IU) benefits must complete required Department of Veterans Affairs (VA) Form 21-4140-1 (Employment Questionnaire) fully and accurately on an annual basis, and return the form to the VA within 60 days of receipt; and

WHEREAS, the veteran is required to turn in the VA Form 21-4140-1 annually for up to 20 years; and

WHEREAS, if veterans do not return the form within 60 days of receipt, their benefits are reduced; and

WHEREAS, it would provide a great justice to the disabled veterans of this nation who are currently in receipt of IU to not have the burden of submitting to the VA an income verification on an annual basis; and

WHEREAS, a majority of such veterans are incapacitated in some way; and

WHEREAS, this impedes such veterans from filing paperwork appropriately as they age and their disabilities progress through the years; and

WHEREAS, the VA, as well as the Internal Revenue Service, is better equipped to communicate employment verification of veterans agency to agency as opposed to veteran to VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the VA to amend its policy on the annual Employment Questionnaire so that veterans in receipt of IU benefits are relieved of this burden.

§ § §

RESOLUTION NO. 309

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

WHEREAS, over the past decade a significant increase has occurred in the number of women veterans in need of employment and training services; and

WHEREAS, because of the reduction in federal programs and the reduction of jobs 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 DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress to enact legislation to establish and fund special programs and outreach to women veterans, especially service-disabled women veterans, in need of employment assistance from the nation’s basic labor exchange system and training assistance through programs operated under the Workforce Innovation and Opportunity Act; AND

BE IT FURTHER RESOLVED that DAV calls for additional training to be provided to service providers to address the delivery of services to, and the underrepresentation of, women veterans in career employment.

§ § §

RESOLUTION NO. 310

ELIMINATE 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, not all disabled veterans are aware of their possible entitlements to Department of Veterans Affairs (VA) Vocational Rehabilitation programs at the time they are awarded service connection for disabilities; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks legislation to eliminate the 12-year limitation to apply for VA vocational rehabilitation, leaving a veteran's date of entitlement open-ended without time limit.

§ § §

RESOLUTION NO. 311

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

WHEREAS, the Family and Medical Leave Act (FMLA) requires certain employers to allow employees to take reasonable unpaid leave for qualified medical and family reasons; and

WHEREAS, the National Defense Authorization Acts for fiscal years 2008 and 2010 amended FMLA to include “qualifying exigency leave” and “military caregiver leave” to better balance the unique needs of employees with family members in the military and family members ill and injured while serving in the military; and

WHEREAS, FMLA delays service-connected disabled veterans’ eligibility to job-protected medical leave; and

WHEREAS, many service-disabled veterans with the ability to work need ongoing care to maintain their health status and retain their employability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges Congress to extend protection under FMLA to encompass the medical care needs of veterans with service-connected disabilities.

§ § §

Military Affairs and National Security

RESOLUTION NO. 005

EXTEND MILITARY COMMISSARY AND EXCHANGE PRIVILEGES AND SPACE-AVAILABLE AIR TRAVEL TO CERTAIN SERVICE-CONNECTED DISABLED VETERANS

WHEREAS, disabled active-duty personnel who were discharged from military service prior to October 1, 1949—the effective date of the Career Compensation Act—are not entitled to disability retirement from the armed forces; and

WHEREAS, many service-connected disabled veterans have been deprived of the various benefits which all other disabled retired military personnel have enjoyed; and

WHEREAS, due to inflation, service-connected disabled veterans receiving Department of Veterans Affairs (VA) compensation as a sole source of income are experiencing difficulties in keeping pace with the increased cost of living; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation which would extend military commissary and exchange privileges, as well as space-available air travel aboard military aircraft, to enlisted personnel who were discharged from active military service prior to October 1, 1949, for a service-incurred injury or disease rated by the VA as 30 percent or more disabling and who retained at least a 30 percent evaluation for a period of five years from the date of separation from active duty.

§ § §

RESOLUTION NO. 057

SEEK THE IMMEDIATE RELEASE OF ANY AMERICANS WHO MAY STILL BE HELD CAPTIVE FOLLOWING ANY WAR AND THE RETURN AND IDENTIFICATION OF THE REMAINS OF ANY AMERICANS WHO DIED DURING THESE WARS

WHEREAS, the members of DAV are deeply concerned for the thousands of American servicemen still unaccounted for in the aftermath of wars; and

WHEREAS, numerous efforts by high-level American delegations, including members of Congress, have visited Southeast Asia in continuing efforts to solve the mystery of the whereabouts and fate of our missing in action (MIA) from the Vietnam War; and

WHEREAS, the brave families of the missing continue to live in uncertainty and anguish regarding their sons, husbands and other family members; and

WHEREAS, still today more than 73,000 are unaccounted for from World War II, though some 40,000 are deemed unrecoverable, mostly deep sea losses; some 7,500 from the Korean War; over 1,600 still missing in Southeast Asia from the Vietnam War; two from the Persian Gulf War; and two from the Afghanistan/Iraq War, who have not been forgotten; and

WHEREAS, though DAV was disappointed with the timing of our government's decision to normalize relations with the government of the Socialist Republic of Vietnam (SRV), prior to having achieved the fullest possible accounting of our prisoners of war (POW) and MIA from Southeast Asia; and

WHEREAS, DAV believes that the SRV can increase its unilateral efforts to account for Americans still missing in action, especially those who were last known alive in captivity or immediate proximity to capture; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, urges the United States government to ensure this issue be considered as one of America's highest priorities by accelerating efforts to obtain the release of any American who may still be held captive and obtain, to the fullest possible extent, an accounting of those still missing and the repatriation of the remains of those who died while serving our nation; AND

BE IT FURTHER RESOLVED that we urge the government of the SRV to increase its unilateral efforts to account for American POW/MIAs, including locating and making available remains of Americans last known alive in captivity that have not previously been returned.

§ § §

RESOLUTION NO. 060

**OPPOSE ANY AUTHORIZATION OF USE OF MEMBERS OF THE
ARMED FORCES FOR HUMAN EXPERIMENTATION WITHOUT THEIR
KNOWLEDGE AND INFORMED CONSENT**

WHEREAS, those who serve in our nation's armed forces make personal sacrifices to maintain our national security; and

WHEREAS, members of the armed forces should be accorded respect and the gratitude of the nation; and

WHEREAS, their willingness to sacrifice and relinquish their liberty while serving does not surrender their natural right to determine what shall be done with their own bodies and their right to personal dignity; and

WHEREAS, it is a violation of the ethical principle of the right of self-determination to use service members for human experimentation without their knowledge and informed consent; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, opposes any rule or provision that would authorize use of service members for human experimentation without their knowledge and informed consent.

§ § §

RESOLUTION NO. 269

SUPPORT FOR DEFENSE POW/MIA ACCOUNTING COMMAND

WHEREAS, members of DAV have long been deeply committed to achieving the fullest possible accounting for United States personnel still captive, missing and otherwise unaccounted for from all of our nation's wars; and

WHEREAS, personnel and funding for the Defense POW/MIA Accounting Agency (DPAA) have not been increased at a level commensurate with the expanded requirement to obtain answers on Americans unaccounted for from all of our country's wars and conflicts; and

WHEREAS, it is the responsibility of the United States government to account as fully as possible for America's missing veterans, including—if confirmed deceased—the recovery and identification of their remains when possible; and

WHEREAS, DAV deeply appreciates Vietnam's 2009 proposal to expand the pace and scope of prisoner-of-war/missing-in-action accounting cooperation, including use of United States Navy vessels for underwater operations; and

WHEREAS, DAV recognizes the contributions to successful investigative efforts made by the Defense Intelligence Agency's Stony Beach Team of specialists; and

WHEREAS, this accounting effort should not be considered complete until all reasonable actions have been taken to achieve the fullest possible accounting; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, remains steadfast in its commitment to the goal of achieving the fullest possible accounting for all United States military and designated civilian personnel missing from our nation's wars; AND

BE IT FURTHER RESOLVED that we call upon our government to support personnel increases and full funding for the efforts of the DPAA and the Armed Forces DNA Identification Laboratory, including specific authorization to augment assigned personnel when additional assets and resources are necessary.

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RESOLUTION NO. 270

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

WHEREAS, access to the Department of Defense (DoD) Commissary benefit is similar to other military benefits, including Exchange privileges, which are limited only to active-duty service members, Guard and reservists, medical retirees, retirees, Gold Star widows, service-connected veterans in receipt of total compensation, Medal of Honor recipients and all of their respective dependents; and

WHEREAS, DoD announced in 2016 that all honorably discharged veterans will have access to DoD's online Exchange as of November 11, 2017, and opening the Exchange to the 20 million honorably discharged veterans is a strong business case; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports legislation to extend commissary privileges to service-connected disabled veterans and their dependents.

§ § §

RESOLUTION NO. 274

**EXTEND SPACE-AVAILABLE AIR TRAVEL ABOARD MILITARY
AIRCRAFT TO SERVICE-CONNECTED VETERANS ENTITLED
TO RECEIVE COMPENSATION AT THE 100 PERCENT RATE**

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

WHEREAS, more than any other living group of Americans, such veterans should be eligible for all benefits and privileges that Congress may provide; and

WHEREAS, such totally disabled veterans should be extended the same privileges as other personnel currently authorized to utilize space-available military air travel; and

WHEREAS, the extension of such travel to totally disabled service-connected veterans would not place any additional burden upon the administration of this program; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, seeks the enactment of legislation that would extend space-available air travel aboard military aircraft to all service-connected veterans entitled to receive compensation at the 100 percent rate to the same extent and under the same conditions as is currently provided to retired military personnel.

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RESOLUTION NO. 275

SUPPORT RENEWED PRISONER-OF-WAR/MISSING-IN-ACTION DISCUSSIONS

WHEREAS, DAV has long been and is now deeply committed to accounting as fully as possible for United States personnel previously listed as prisoners, missing and unaccounted for from all of our nation's past wars; and

WHEREAS, DAV recognizes the utility and importance of bilateral discussions, separate from those held on strategic issues, but fully integrated with broader policy and national security priorities in an effort to reach agreement for proceeding on a humanitarian basis with prisoner-of-war/missing-in-action accounting cooperation; and

WHEREAS, DAV also recognizes the lead time required between renewing bilateral discussions to reach humanitarian agreements and restoring and increasing unilateral, bilateral and, as needed, multilateral field recovery operations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports renewing and expanding direct bilateral humanitarian efforts for the purpose of restoring and improving United States agreements and processes with counterpart nations required to account as fully as possible for unreturned American military personnel.

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Americanism and Miscellaneous

RESOLUTION NO. 058

ENCOURAGE ALL DISABLED VETERANS TO BECOME REGISTERED VOTERS AND VOTE

WHEREAS, members of DAV served their country during time of war in order to preserve the rights and privileges of life in this land of the free; and

WHEREAS, one of the most precious of those rights is the right to vote; and

WHEREAS, the United States Congress and the 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 Administration have targeted veterans programs for unwarranted spending cuts and reductions under the mistaken and misguided theory that veterans do not base their votes on veterans' issues; and

WHEREAS, the failure of disabled veterans to register and vote will result in the perpetuation of this theory; and

WHEREAS, because of their disabilities, disabled veterans have more difficulty than their nondisabled peers in complying with some of the stricter requirements in voter registration laws; and

WHEREAS, veterans, their families and all Americans concerned about veterans' issues need to make their voices heard by becoming registered voters and exercising their votes in local, state and federal elections; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, encourages all DAV members to register to vote and thereby strengthen our organization's ability to preserve and improve our system of veterans benefits and services; AND

BE IT FURTHER RESOLVED that all DAV Departments and Chapters initiate and operate voter registration drives targeted at increasing voter registration among veterans and their families; AND

BE IT FURTHER RESOLVED that all DAV Departments, Chapters and members are encouraged to ensure that all veterans and their family members are able to access polling places to vote.

§ § §

RESOLUTION NO. 059

**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 30 years; and

WHEREAS, the courtroom, chambers and other space are inadequate to meet the current and future needs of the Court and those it serves; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, 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. 061

CONDEMN PUBLIC DESECRATION OF THE FLAG OF THE UNITED STATES

WHEREAS, the United States Supreme Court, by a 5–4 decision, ruled that public desecration of the American flag, as a form of free speech and expression, is legal and permissible; and

WHEREAS, the American flag—Old Glory—is our national ensign, the proud and beautiful symbol of our country’s precious, free heritage; and

WHEREAS, this symbol, in the form of our irreplaceable Stars and Stripes, has been carried and defended in battle, revered and cherished by citizens, and viewed as a beacon of hope and fulfillment by all the world since it was first unfurled at the birth of our nation; and

WHEREAS, the First Amendment to the United States Constitution guarantees freedom of speech, and was not intended by our Founding Fathers to enable individuals—who enjoy unfettered freedom to express their views, no matter how abhorrent, in both oral and written form—to publicly and contemptuously desecrate our beloved flag; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, condemns any individual or group who at any time publicly and willfully desecrates the flag of the United States.

§ § §

RESOLUTION NO. 178

SUPPORT LEGISLATION TO PROTECT HONORABLY DISCHARGED NONCITIZEN VETERANS FROM DEPORTATION WHILE APPLYING FOR CITIZENSHIP

WHEREAS, current law allows documented noncitizens the opportunity to serve in the United States Military; and

WHEREAS, the Immigration and Nationality Act of 1965 (INA) allows noncitizen service members to apply for naturalization during peacetime after one year of honorable service and allows noncitizen service members to apply for naturalization during periods of hostility after one day of honorable service; and

WHEREAS, noncitizen recruits often receive incorrect or incomplete information regarding their options to become U.S. citizens through military service and less than half (43.8 percent) of noncitizen service members naturalize while on active duty; and

WHEREAS, some veterans who enter the criminal justice system do so because of an underlying and untreated mental health condition acquired during service;

WHEREAS, noncitizen veterans arrested for crimes are subject to immediate deportation; and

WHEREAS, current law does not provide any special protection for war-time service disabled veterans who may become subject to deportation post-service; and

WHEREAS, wartime service-disabled noncitizen veterans who get deported effectively lose access to Department of Veterans Affairs (VA) health care services and access to VA benefits; and

WHEREAS, Veteran Treatment Courts allow wartime veterans arrested for service-related, nonviolent non-felony crimes to address their service related mental health or substance abuse issues which may result in removing charges upon successful completion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the enactment of legislation to protect honorably discharged wartime noncitizen veterans with service-related injuries or illnesses from deportation without due process and the opportunity to participate in a program through a Veterans Treatment Court or similar program; AND

BE IT FURTHER RESOLVED, that DAV supports the enactment of legislation to protect honorably discharged war-time noncitizen veterans with service-related injuries or illnesses from deportation while filing and awaiting a decision on their application for U.S. citizenship.

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RESOLUTION NO. 240

**SUPPORT LEGISLATION TO EXTEND U.S. CITIZENSHIP TO HONORABLY
DISCHARGED VETERANS AT TIME OF DISCHARGE**

WHEREAS, hundreds of veterans are deported each year for crimes committed due to their undiagnosed service-related disabilities; and

WHEREAS, current law allows veterans to apply for citizenship if they are age 18 or older; served honorably in the military for at least one year; are a permanent resident when they apply; are able to read, write, and speak basic English; have a knowledge of United States history and government (civics); and have continuously resided in the United States for at least five years and have been physically present in the United States for at least 30 months out of the five years immediately preceding the date of filing the application, unless the applicant has filed an application while still in the service or within six months of separation; however, it does not guarantee citizenship; and

WHEREAS, prior to 1945, honorably discharged veterans only had to show good moral character, were attached to the principals of the Constitution, and had a favorable disposition toward the good order and happiness of the United States; and the Second War Powers Act of 1942 related to age, race, residence, any educational tests, fees, filing a declaration of intention and enemy alien status; and

WHEREAS, later, a 1944 statute (58 Stat. 885) also eliminated the requirement for proof of lawful entry to the United States; and

WHEREAS, disabled veterans who honorably served without incident should be entitled to guaranteed citizenship for their honorable service as well as those veterans that have yet to be diagnosed with a service-connected compensable injury, illness or mental health disability; they should have the opportunity to live without fear of deportation from the country they fought for and were wounded in combat, injured or became ill due to their service; and those who have made the ultimate sacrifice and gave their lives for our great nation also deserve nothing less; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the enactment of legislation to provide veterans disabled by their service and those who served honorably be entitled to guaranteed citizenship under the same provisions given those veterans who served in World War II.

§ § §

RESOLUTION NO. 271

SUPPORT THE CONTINUED GROWTH OF VETERANS TREATMENT COURTS FOR JUSTICE-INVOLVED VETERANS

WHEREAS, many military service members and veterans return from today's overseas combat engagements with signature wounds of polytrauma, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and other mental health and repatriation challenges; and veterans from earlier eras have absorbed their own signature disabilities, including PTSD; and

WHEREAS, some veterans resort to overuse of legal and illegal substances in their attempts to cope with their chronic physical and mental health challenges, other barriers and obstacles, and pain; and

WHEREAS, as a consequence of chronic substance-use disorder or lasting residuals of combat exposure, a minority of veterans display antisocial and even criminal behaviors, and thus become involved with law enforcement and justice systems; and

WHEREAS, Veterans Treatment Courts evolved from a proven national model of diversionary drug courts and mental health courts, to address the specific situations of veterans, and to maximize efficiency of available resources while making use of the distinct military culture to which veterans are accustomed; and

WHEREAS, many veterans are eligible for the financial benefits, social supports and health care services available through the Department of Veterans Affairs (VA), and through other national, state and local veterans programs; and

WHEREAS, grouping troubled veterans together within specific court dockets expedites access to helpful resources and promotes the camaraderie and mutual support found among all veterans; and

WHEREAS, veterans in general deeply value their military experiences and share an inimitable bond with their peers, and the veterans courts build upon this bond by enabling veterans to proceed through the treatment court process with people who are similarly situated, and by pairing together veterans and mentors; and

WHEREAS, years of experience from the Veterans Treatment Courts now in existence nationwide has produced a statistically significant reduction of recidivism rates in veterans compared to persons in other treatment courts and individuals not involved in any sort of alternative or diversionary court; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports the continued growth of the Veterans Treatment Courts throughout our nation; AND

BE IT FURTHER RESOLVED that all DAV Departments and Chapters are encouraged to support additional veterans courts and work with local VA officials and law enforcement to build support for the establishment of these courts; AND

BE IT FURTHER RESOLVED that DAV calls on Departments and Chapters to work in support of state legislation where necessary to authorize veterans courts.

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RESOLUTION NO. 272

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

WHEREAS, on May 30, 2009, the government of Japan, through then–Ambassador to the United States Ichiro Fujisaki, offered an official apology to American prisoners of war (POWs) for their abuse, misuse, pain and suffering caused by Imperial Japan; and

WHEREAS, in September 2010, the government of Japan reinforced its apology by initiating a visitation program for former POWs to visit Japan, to return to the sites of their imprisonment and to receive the apology directly from senior Japanese government officials; and

WHEREAS, the United States owes much to these soldiers, sailors, Marines and airmen, the majority of whom fought in the early heroic battles of World War II in the Philippines, on Wake Island, Guam, Java and in the Sunda Strait; and

WHEREAS, the American POWs of Imperial Japan were forced into slave labor throughout the Japanese Empire in the most unjust, brutal and inhumane conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, supports and commends the efforts of the American POWs of Japan to reclaim their dignity and attain full justice from the government of Japan and those Japanese private companies that enslaved them; AND

BE IT FURTHER RESOLVED that DAV insists the government of Japan provide and publicize an official transcript in English and Japanese of the government’s 2009 apology to the American POWs; AND

BE IT FURTHER RESOLVED that DAV insists Congress and the Administration work with all parties involved to ensure the continuation of the POW visitation program to Japan; it be expanded to include family members and descendants; and funds be provided for a dedicated program of research, documentation, exchange and education; AND

BE IT FURTHER RESOLVED that DAV will work with all parties involved to persuade the private Japanese companies that benefited from POW slave labor during World War II, especially those companies now doing business in the United States, to follow the Japanese government’s lead in acknowledging their use and abuse of American POW labor, and join with the Japanese government to create a fund for remembrance, research, documentation, exchange and education on the POW experience in the Pacific and its lessons for war and peace.

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RESOLUTION NO. 296

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

WHEREAS, DAV created the George H. Seal Memorial Award Program as a means to recruit, retain and recognize volunteers who serve disabled veterans in Department of Veterans Affairs (VA) medical facilities and the local community; and

WHEREAS, the George H. Seal Memorial Award annually recognizes the remarkable efforts of an outstanding member of DAV and the Auxiliary who willingly donate their time and energy to disabled veterans in VA Voluntary Service programs; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14–17, 2018, strongly encourages each Voluntary Service program manager at every VA medical facility to submit the name of a deserving member of DAV and the Auxiliary to be considered for this prestigious award in appreciation of their dedication and service to America's veterans through their voluntary service efforts.

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RESOLUTION NO. 297

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

WHEREAS, DAV created the Jesse Brown Memorial Youth Scholarship Program as a means to recruit young volunteers and to recognize the efforts of America's young volunteers who serve disabled veterans in Department of Veterans Affairs (VA) medical facilities and the local community; and

WHEREAS, the scholarship program will award a total of \$75,000 in 2019 to eight 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, DAV solicits every VA Voluntary Service program manager to nominate one deserving youth volunteer from their facility in order to be considered for one of the scholarships, but with little response; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Reno, Nevada, July 14-17, 2018, strongly encourages each Voluntary Service program manager at every VA medical facility to submit the name of a deserving youth volunteer to be considered for one of the scholarships in appreciation of their dedication to serving America's veterans through their voluntary service efforts.

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FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

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