

2024-2025

Legislative Resolutions



DAV[®]



Resolutions of the Disabled American Veterans

2024 National Convention | Phoenix, Arizona

PROLOGUE

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

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

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

Importance of DAV Resolutions

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

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

Impact of DAV Resolutions

DAV has a long history of championing significant legislative changes and new laws that originated from our resolutions. Without these resolutions, DAV would not have been able to support and lobby for the enactment of such historic legislation as the Bonus Bill in 1932, the Servicemen’s Readjustment

Act in 1944, the Agent Orange Act in 1991, the Caregivers Act in 2008, the VA MISSION Act in 2016, the Blue Water Navy Vietnam Veterans Act in 2019 and the Honoring Our PACT Act in 2022.

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

DAV Resolution Process

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

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

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

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

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

The department resolution committee will vote on the resolutions and make recommendations to the department convention. The convention body will then vote on all resolutions presented. All local state-level approved resolutions adopted by the department convention will stay within the department. State resolutions should not be submitted to the national adjutant. All federal national-

level approved resolutions must be submitted to the national adjutant and received at least 14 days before the start of the national convention in order to be considered.

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

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

Each convention committee is composed of a primary or an alternate delegate from each national district. These selections are made by each district. The national commander appoints two advisers to each committee to assist the committee and provide expertise on issues brought forth in the resolutions. The national resolution committees meet at national convention to discuss, consider and vote on each resolution received. Each committee chair will then report the recommended resolutions to the convention floor. Finally, the convention body will vote to adopt those resolutions recommended by the convention committee.

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

Conclusion

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

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

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

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

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DAV STATEMENT OF POLICY

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

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

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

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

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

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

Legislation and Veterans' Rights



RESOLUTION NO. 1

Support Legislation to Remove the Prohibition Against Concurrent Receipt of Military Retired Pay and Veterans Disability Compensation for All Longevity Retired Veterans

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to repeal the offset between military longevity retired pay and VA disability compensation.

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RESOLUTION NO. 2

**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 war veterans, were usually accomplished with the highly inaccurate “whispered voice” test; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 3

Support Legislation to Establish Presumptive Service Connection for Diseases and Illnesses Related to Toxic Exposure at Grand Forks Air Force Base and Minot Air Force Base in North Dakota

WHEREAS, the Grand Forks Air Force Base was established December 1, 1955; and the Minot Air Force Base was established January 10, 1957, in North Dakota; and

WHEREAS, several air and bombardment groups have trained at these bases, some starting during the Vietnam War to present-day conflicts; and

WHEREAS, following these past and current conflicts, these sites have become a hub for supply transportation to the northern Pacific, central United States, Alaska, Europe and the Middle East, including modern-day drone and unmanned flight squadron training and wartime operations; and

WHEREAS, the state of North Dakota's Grand Forks Air Force Base and Minot Air Force Base oversaw the command, control and housing of over 1,000 Minuteman missile sites during their initial 1960 emplacement to the current 150-plus Minuteman missiles stationed around the Minot Air Force Base currently operating today; and

WHEREAS, missileers perform(ed) their duties underground in small bunkers, encased in thick walls of concrete and steel; and

WHEREAS, they would remain there sometimes for days, and at that time were ready to turn the launch keys, if ordered to by the President of the United States; and

WHEREAS, due to the isolation and security of the locations of these missile sites, missileers were often exposed to toxins/chemicals when destroying classified documents/waste by unconventional means; and

WHEREAS, there was also the risk of radiation and contaminants exposure from the missiles themselves; and

WHEREAS, missileers were exposed to a variety of chemicals and toxins ranging from paint in small spaces to fumes from burning classified documents to aerial asbestos and radon exposure; and

WHEREAS, spills or leaks of propellant occurred frequently, contaminating silos for up to six weeks—a period in which the missiles were manned 24 hours a day, seven days a week; and

WHEREAS, the Grand Forks Air Force Base and Minot Air Force Base have a history of toxic contamination, particularly with perfluoroalkyl and polyfluoroalkyl substances; and

WHEREAS, these dangerous chemicals are usually dubbed PFAS, or “forever chemicals,” encompassing over 9,000 different substances; and

WHEREAS, the Department of the Air Force is aware that there are indications of a possible association between cancer and missile combat crew service at the Grand Forks Air Force Base and the Minot Air Force Base; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls upon Congress to immediately introduce legislation to authorize scientific studies of the environmental and toxic exposures at Grand Forks Air Force Base and Minot Air Force Base in North Dakota; 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 at Grand Forks Air Force Base and Minot Air Force Base in North Dakota.

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RESOLUTION NO. 9

**Support Legislation to Replace and Clarify Current Intent to File Federal Laws
and Department of Veterans Affairs Policies**

WHEREAS, section 3.155, title 38, Code of Federal Regulations, indicates that upon receipt of an intent to file a claim, the Department of Veterans Affairs (VA) will furnish the claimant with the appropriate application form prescribed by the Secretary; and

WHEREAS, if a formal application is received within one year, the effective date will be considered the date of receipt of the intent to file; and

WHEREAS, if a veteran files a claim on an incorrect formal claim form, the VA will send the veteran a request for application letter and request the veteran to submit a claim on the correct form; and

WHEREAS, in turn the veteran may lose that intent to file effective date for that claimed disability, which was filed on the incorrect form; and

WHEREAS, the VA has tolling time limits to file claims, for up to one year, for a condition, such as temporary 100% claims based on surgery requiring convalescence or hospitalization; and

WHEREAS, based on current VA policy, the impact of assigning an active intent to file claim date to a formal claim on an incorrect form or temporary 100% claim is a loss of up to one year of benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to replace and clarify current intent to file federal laws and VA policies to ensure veterans and their survivors have the most favorable interpretation of existing laws, to include extended tolling and time frames to allow for correction and clarification of the claimant's intentions, that are in line with the pro-veteran and nonadversarial policy currently in place at the VA.

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RESOLUTION NO. 12

Support Modification of Certain Department of Veterans Affairs (VA) Forms for Retrieval of Records Housed at VA Community Care Facilities When the Records Are Identified by a Veteran Claimant to Support a Claim for Benefits

WHEREAS, in accordance with the Veterans Claims Assistance Act (VCAA), as codified in section 5103A, title 38, United States Code, and section 3.159, title 38, Code of Federal Regulations, the Department of Veterans Affairs (VA) must make reasonable efforts to assist a claimant in obtaining the evidence necessary to substantiate a claim for benefits; and

WHEREAS, a modification is needed to include VA community care medical facilities on VA claims forms, eliminating the need for a veteran to complete a separate VA Form 21-4142 and/or VA Form 21-4142A; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports modification of certain VA claims forms and current processes to allow the department to request a veteran's records directly from a VA community care medical facility when identified by the claimant.

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RESOLUTION NO. 22

Compensate Persian Gulf War Veterans Suffering from Illnesses Circumstantially Linked to Their Service in the Persian Gulf War

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

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

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

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

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

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

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

WHEREAS, based on the available medical evidence, medical examiners must rule out all known diseases that could cause the veteran's 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 Phoenix, Arizona, August 3-6, 2024, vigorously supports the Department of Veterans Affairs' (VA's) expeditious handling of Persian Gulf War veterans' claims and the payment of fair and just compensation for those diagnosed and undiagnosed conditions associated with their service

in the Persian Gulf theater or related exposures to certain chemical, biological and environmental toxins; AND

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

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

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RESOLUTION NO. 23

Support Sufficient, Timely and Predictable Funding for All Department of Veterans Affairs Programs, Benefits and Services

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

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

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

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

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

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

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

WHEREAS, the VA's leadership, 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; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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 Veterans Home

construction, state cemetery construction grants, general operating expenses (VBA and general administration), the National Cemetery Administration, the Office of Inspector General and all other mandatory benefits; AND

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

BE IT FURTHER RESOLVED that DAV supports legislation and policies that would exempt veterans health care funding from budget cap laws, rules and agreements, as well as from any sequestration legislation, regulations and policies.

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RESOLUTION NO. 24

**Support Legislation to Include Children in Legal Custody as a Dependent
for Department of Veterans Affairs Purposes**

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 25

**Support Legislation to Improve and Reform Dependency
and Indemnity Compensation Benefits**

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, strongly supports legislation that improves and reforms DIC benefits to include increasing the monthly amount and lowering the remarriage age for survivors of disabled veterans.

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RESOLUTION NO. 26

Support Legislation Recognizing Racial Trauma as a Stressor for Post-Traumatic Stress Disorder

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to specifically include racial trauma as one of the identified categories of stressors in 38 CFR §3.304(f).

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RESOLUTION NO. 27

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 Phoenix, Arizona, August 3-6, 2024, categorically opposes any decentralization of the Board of Veterans' Appeals.

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RESOLUTION NO. 28

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 their appeal; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 29

Support the Elimination of the 30-Day Requirement for Diseases Associated With Exposure to Contaminants in the Water Supply at Camp Lejeune

WHEREAS, section 3.307(a)(7)(i), title 38, Code of Federal Regulations (CFR), provides 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 2 liters of water; and

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 30

**Support Using the Proposed Reduction Due Process
for All Disability Evaluation Reductions**

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the proposed reduction due process be applied to all reductions of a disability evaluation even when it does not change compensation payments or the overall combined evaluation.

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RESOLUTION NO. 31

Oppose All Attempts to Change the Basis of the Department of Veterans Affairs Schedule for Rating Disabilities from the ‘Average Impairments of Earnings Capacity’ Standard

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

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

WHEREAS, the current VASRD has been updated, revised and modified numerous times to reflect advances in medical knowledge, diagnosis, treatment and technology for injuries, illnesses and disabilities related to military service, but the standard of average impairments of earnings capacity has remained unchanged due to its practicality, equity and fairness to disabled veterans; and WHEREAS, determining rating levels based on the average impairments of earning capacity ensures that veterans who have similar manifestations of the same disabilities are treated equally and fairly without consideration of their age, education, work experience or current work status; and

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

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

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

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

WHEREAS, any attempt to model the VA disability compensation program on the Social Security Disability Insurance or workers’ compensation programs fails to recognize that those programs have separate purposes based on injuries and illnesses incurred in the civilian workplace that do not compare to 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 Phoenix, Arizona, August 3–6, 2024, 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. 37

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 Phoenix, Arizona, August 3–6, 2024, 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. 38

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 Phoenix, Arizona, August 3–6, 2024, vigorously opposes reduction, taxation or elimination of veterans benefits.

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RESOLUTION NO. 50

Support Legislation to Reform and Improve Service-Disabled Veterans Life Insurance

WHEREAS, the Congress of the United States created a modernized service-disabled veterans life insurance program, which replaced the previous Service-Disabled Veterans Insurance (S-DVI) program on January 1, 2023; and

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports strong oversight of the implementation of the modernized service-disabled veterans insurance program by Congress and chartered veterans service organizations; AND

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

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

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RESOLUTION NO. 51

Support Department of Veterans Affairs Modernization of Information Technology and Improvements to Include Digital Sharing, Adequate Funding and Improved Access for Disabled Veterans

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports reforming and improving the budgeting and funding of VA IT systems for each individual department within the VA; AND

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

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

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RESOLUTION NO. 52

Support Reauthorization of the Persian Gulf War Veterans Act

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to reauthorize all sections of the Persian Gulf War Veterans Act of 1998 to ensure that the presumptive process for diseases related to toxic exposures, as noted, remains available for veterans exposed.

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RESOLUTION NO. 53

Support Reauthorization of the Agent Orange Act

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to reauthorize all sections of the Agent Orange Act of 1991 to ensure that the presumptive process for diseases related to toxic exposures, as noted, remains available for veterans exposed.

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RESOLUTION NO. 54

Support Resources and Oversight of the Appeals Process

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

WHEREAS, the BVA process is multi-staged and non-linear, requiring multiple layers of review. This can lead to lengthy delays and repeated cycles of redevelopment and re-adjudication; and

WHEREAS, veterans often face long wait times for decisions, which can be frustrating and stressful; and

WHEREAS, the appeals process can be difficult to navigate, especially for veterans without legal representation; and

WHEREAS, While the AMA offers three options for review (Higher-Level Review, Supplemental Claim, and Board Appeal), choosing the right option can be confusing; and

WHEREAS, submitting new and relevant evidence in a Supplemental Claim can be a complex process, and veterans may need assistance in gathering this evidence; and

WHEREAS, the Board of Veterans' Appeals (BVA) is also experiencing staffing shortages, which can impact the efficiency and timeliness of appeals processing. The VA OIG has identified severe occupational staffing shortages across various VA facilities, including those affecting the BVA situation.); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls on Congress to provide effective and continued oversight of the legacy and AMA appeals processes to ensure that adequate resources are provided to resolve the backlog of legacy appeals and the backlog of pending hearings at the Board, as well as provide regular oversight to monitor and measure the VA's progress so these reforms achieve their intended purpose.

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RESOLUTION NO. 60

**Support Legislation to Allow a Veteran Permanently and Totally Disabled
Due to Service-Connected Conditions to Continue to Receive Dependents
Compensation for Their Adult Child Attending School While That Child Is in Receipt
of Dependents' Educational Assistance Under Chapter 35**

WHEREAS, veterans are able to claim their adult child attending school as a dependent while that child continues to attend school; and

WHEREAS, current law and regulations mandate that once a child establishes entitlement to Dependents' Educational Assistance (DEA) benefits, the parent veteran is forbidden to also claim that child as a dependent on their compensation claim; and

WHEREAS, the parent veteran is not directly involved in the child's claim other than having established permanent and total (P&T) status where the child, usually with the assistance of a veteran counselor at the school, files their own claim; and

WHEREAS, the Department of Veterans Affairs does not share the claim information of the adult child attending school with the parent veteran because an individual over the age of 18 is considered to be capable of handling their own matters, and it would be a privacy violation to inform the parent veteran of the child's claim status; and

WHEREAS, the parent veteran is frequently charged with overpayment for having received the dependency compensation while the child is also receiving DEA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to allow for a P&T veteran to continue to claim their adult child attending school as a dependent while that child is separately in receipt of DEA under chapter 35.

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RESOLUTION NO. 61

**Support Legislation for Scientific Evaluation to Include Conditions
of the Thyroid as a Presumptive Gulf War Disorder**

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, proposes that the VA immediately establish studies to determine whether thyroid disorder(s) is more common in veterans with SWA service than the general population, given that many of the common symptoms of a thyroid disorder are also the currently recognized signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses associated with SWA service.

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RESOLUTION NO. 62

**Support Legislation to Reform Fugitive Felon Status
Within the Department of Veterans Affairs**

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation that requires the VA to verify that the originating agency has actually attempted to locate the claimant and that the claimant has fled justice or was otherwise avoiding prosecution, custody or confinement, before the VA can seize their current benefits and establish overpayment for prior benefits dispensed.

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RESOLUTION NO. 63

Support Legislation to Increase Maximum Evaluation for Service-Connected Headaches

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, proposes that the VA amend its regulations to increase the maximum evaluation for an individual with migraine headaches from the current 50% evaluation to a 60% rating to more appropriately address the industrial impairment attributable to that level of disability.

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RESOLUTION NO. 64

**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 Phoenix, Arizona, August 3-6, 2024, supports the allocation of Department of Veterans Affairs resources either to the Board or via the National Work Queue to grant, authorize and promulgate all cases advanced on the docket and granted by the Board within 30 days of the decision.

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RESOLUTION NO. 66

Support Legislation for Studies and Presumptive Diseases Related to PFAS Exposure

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

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

WHEREAS, according to 2023 DOD data, more than 700 U.S. military sites are known or likely to have discharged PFAS, typically from the use of firefighting foam; and

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

WHEREAS, in 2022, the National Academies of Sciences, Engineering and Medicine (NASEM) report, Guidance on PFAS Exposure, Testing, and Clinical Follow-Up, found sufficient evidence of an association with PFAS exposure with decreased antibody response, dyslipidemia and increased risk of kidney cancer, and the report found limited or suggestive evidence of an association with PFAS exposure with increased risk of breast cancer, liver enzyme alterations, increased risk of pregnancy-induced hypertension, increased risk of testicular cancer, thyroid disease and dysfunction, and increased risk of ulcerative colitis; and

WHEREAS, in August 2022, a large clinical study found that people with high levels of PFAS in their blood are more likely to develop hepatocellular carcinoma, the most common form of liver cancer, as noted in the Journal of High Energy Physics (JHEP) 2022; and

WHEREAS, in Environmental Health Perspectives, published in July 2023, researchers found that elevated blood levels of perfluorooctanesulfonic acid (PFOS), a specific type of PFAS, was associated with higher risk of developing testicular cancer; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to establish and maintain a registry for eligible individuals who may have been exposed to PFAS to ascertain and monitor the health effects of the exposure of members of the armed forces; AND

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

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RESOLUTION NO. 67

**Support Legislation to Provide Studies and Health Care and Benefits Resulting
from Toxic Exposures at Karshi-Khanabad Air Base, Uzbekistan**

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports a formal acknowledgment of the existence of toxic substances and environmental hazards at K2 and a concession of exposure for all U.S. service members who served at K2 between January 1, 2001, and December 31, 2005; AND

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

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

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RESOLUTION NO. 68

Support Legislation to Expand Department of Veterans Affairs Mental Health Transition Services to All Service Members Upon Discharge

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports enacting legislation that would expand the provision of mental health transition services to individuals who have been, or are reasonably suspected to have been, exposed to traumatic events, including but not limited to military sexual trauma, combat or other exposure to a hostile military or terrorist activity, natural or man-made disaster, or an individual disaster that would reasonably be believed by the layperson to have caused significant emotional distress.

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RESOLUTION NO. 69

**Support Legislation to Direct the Secretary of Veterans Affairs
to Verify Dependency Status With the Department of Defense
and Within the Department of Veterans Affairs**

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to formally direct the VA Secretary to accept any reports of dependency changes made to VHA and/or documented in DEERS to mitigate any alleged overpayment due to changes in dependency status; AND

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

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RESOLUTION NO. 70

Support Legislation to Oppose the Payment of Attorney Fees Based on Periods When the Attorney Was Not Involved in the Claim

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

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to restrict the amount of payment to a private agent and/or attorney to a reasonable analysis of the actual work put into the case, and in no case should the payment extend beyond the date when either the claimant or the private agent and/or attorney ends the representation, and withdrawal by the private agent and/or attorney should result in a loss of all rights to recovery where they, for whatever reason, have opted to break the client-representative relationship.

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RESOLUTION NO. 71

Support Legislation to Expand the Recognized Wartime Service Periods to Include Those Veterans Who Served in Combat Environments From Hostile Military or Terrorist Activity From November 4, 1979, Through August 1, 1990

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

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

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

- November 4, 1979, seizure of the U.S. Embassy in Tehran and the subsequent ill-fated rescue mission, Operation Eagle Claw;
- May 1981 terrorist threats from and resulting combat action with Libya;
- April 18, 1983, bombing of the U.S. Embassy in Beirut;
- October 23, 1983, bombing of the Marine barracks in Beirut;
- October 25, 1983, invasion of Grenada;
- December 12, 1983, bombing of the U.S. Embassy in Kuwait;
- September 20, 1984, bombing of the U.S. Embassy annex northeast of Beirut;
- April 5, 1986, bombing of La Belle, a discotheque in West Berlin known to be popular with off-duty U.S. service members;
- Operation El Dorado Canyon on April 15, 1986, which involved 200 U.S. aircraft bombing Libya;
- 1989 buildup of U.S. troops in Panama with increasing tensions and hostilities leading to the December 20, 1989, invasion of Panama by U.S. troops in Operation Just Cause;
- January 1, 1981, to February 1, 1992, Honduras Operations;
- Unknown number of anti-terrorist activities that remain classified to this day; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports a new wartime period covering the time frame of November 4, 1979, until February 1, 1992, plausibly identified as various global locations where U.S. service members endured hostile enemy and terrorist activity, to be eligible to obtain VA benefits and health care.

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RESOLUTION NO. 72

Support Legislation to Clarify and Expand Entitlement to Dependents' Educational Assistance Under Chapter 35 for Children of a Two-Veteran Household

WHEREAS, current law and regulations allow for the child of a veteran permanently and totally (P&T) disabled due to service-connected conditions to receive Dependents' Educational Assistance (DEA) under chapter 35; and

WHEREAS, upon establishing DEA benefits, the veteran is no longer allowed to claim that adult child attending school as a dependent on their compensation claim; and

WHEREAS, this limitation is carried forward to both veteran parents despite the child receiving chapter 35 benefits only under the P&T parent's entitlement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to clarify and expand the law and regulations to allow for continued dependency claim for the veteran parent who is not the P&T party upon which DEA benefits are being claimed.

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RESOLUTION NO. 73

Support Legislation to Ensure Entitlements to Spina Bifida and Birth Defects Related to Agent Orange in New Locations of the PACT Act

WHEREAS, the Department of Veterans Affairs (VA) regulations currently recognize and compensate birth defects in children of certain herbicide-exposed veterans, as shown at sections 3.814 (spina bifida) and 3.815 (birth defects), title 38, Code of Federal Regulations (CFR); and

WHEREAS, these regulations are limited to veterans who served in Vietnam and certain parts of Korea; and

WHEREAS, many studies performed throughout the past 30 years have shown an expanded list of medical conditions have been linked to herbicide exposure, passed down to biological children conceived after herbicide exposure in Vietnam; and

WHEREAS, on August 10, 2022, the President signed into law the PACT Act, extensively expanding the areas conceded to have resulted in herbicide exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports expanding the provisions of 38 CFR §3.814 and §3.815 to include all herbicide exposure areas and times now conceded in the PACT Act; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation requiring that medical diagnoses shown to be more probable (50% or more likely) due to Agent Orange exposure, beyond spina bifida, be covered by the VA for biological children of Vietnam veterans.

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RESOLUTION NO. 74

Support Legislation Requiring Any Appeal Withdrawal to Be in Writing

WHEREAS, Department of Veterans Affairs (VA) regulations previously allowed for a withdrawal of an appeal if certain criteria were met, and such withdrawal was in writing; and

WHEREAS, changes to the regulations when the Veterans Appeals Improvement and Modernization Act was set in place dropped the requirement for the withdrawal to be in writing; and

WHEREAS, often when a client is communicating with a VA employee via telephone to express a desire to withdraw a request for a hearing, the documentation of the call is left ambiguous as to whether it was just the hearing or the entire appeal being withdrawn; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the requirement that any appeal withdrawal be made in writing by the appellant or their authorized representative.

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RESOLUTION NO. 78

**Support Legislation for Presumptive Service Connection for Additional Diseases
Related to Contaminated Water at Camp Lejeune**

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

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

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

WHEREAS, the Secretary of Veterans Affairs established the presumptive list for service connection for diseases associated with said water supply exposure as of January 2017 and included only eight conditions: adult leukemia, aplastic anemia and other myelodysplastic syndromes, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin'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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 79

Support Legislation to Allow Expanded Entitlement to Dependents' Educational Assistance Under Chapter 35 for Children of a Two-Veteran Household Where Both Parents Are Shown With Permanently and Totally Disabled Status Due to Service-Connected Conditions

WHEREAS, current law and regulations allow for the child of a permanently and totally (P&T) disabled veteran to receive Dependents' Educational Assistance (DEA) under chapter 35; and

WHEREAS, each P&T veteran parent achieved such a rating based on their own personal military service and service-incurred disabilities; and

WHEREAS, the Department of Veterans Affairs (VA) does not allow the child to receive chapter 35 benefits based on the separate entitlement of each P&T parent; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to require the VA to afford the child separate chapter 35 benefits under each P&T parent.

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RESOLUTION NO. 81

**Support Legislation for Payment of the Maximum Burial Allowance for
Veterans With a Total Disability Rating Based on Individual Unemployability**

WHEREAS, at present, the Department of Veterans Affairs (VA) will pay the maximum burial allowance for the burial and funeral expenses of certain veterans when their death is attributable to a service-connected disability; and

WHEREAS, the VA will presume, unless it has evidence to the contrary on the date it receives notice of the veteran's death, that a veteran died as a result of a service-connected disability or disabilities if, at the date of death, the veteran was rated totally disabled for a service-connected disability or disabilities, excluding a total disability rating based on individual unemployability; and

WHEREAS, the VA separately recognizes the presence of a total disability rating based on Individual Unemployability as sufficient to award death benefits for compensation purposes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, proposes that legislative and regulatory changes be enacted to presume that a veteran died as a result of a service-connected disability or disabilities if, at the date of death, the veteran was rated totally disabled for a service-connected disability or disabilities, to include a total disability rating based on Individual Unemployability.

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RESOLUTION NO. 82

**Support Legislation to Allow for Accrued Benefits to Be Paid in Full
to Any Surviving Family Member**

WHEREAS, section 3.1000(a), title 38, Code of Federal Regulations (CFR), stipulates benefits owed to veteran at the time of death may be paid to a spouse, child or dependent parent; and

WHEREAS, 38 CFR §3.1000(a)(5) states, “in all other cases, only so much of the accrued benefit may be paid as may be necessary to reimburse the person who bore the expense of last sickness or burial”; and

WHEREAS, 38 CFR §3.816(f) stipulates the payment procedures for Payment of Benefits to Survivors of Estates of Deceased Beneficiaries (under Nehmer); and

WHEREAS, under this rule, the Department of Veterans Affairs is required to make payments of benefits owed a veteran prior to their passing to a spouse, children (regardless of age), parent (regardless of dependency status) or the estate; and

WHEREAS, 38 CFR §3.816(f) does not limit the payment of benefits owed to the estate only in the amount “necessary to reimburse the person who bore the expense of last sickness or burial”; and

WHEREAS, the benefits owed to a living veteran are not limited to an amount “to reimburse the person who bore the expense of last sickness or burial,” and as such there should be no limit to the amount payable to the estate upon the veteran’s death; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation and policy changes to amend 38 CFR §3.1000(a)(5) to allow for the full payment of all benefits owed to the veteran at the time of their passing to their estate; AND

BE IT FURTHER RESOLVED that the money owed to a veteran at the time of their passing should never be limited to an amount “to reimburse the person who bore the expense of last sickness or burial,” and all regulations concerning payment of accrued benefits should be amended to reflect this change.

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RESOLUTION NO. 83

**Support Improvement and Modernization of the Department of Veterans Affairs
Home Loan Guaranty Program**

WHEREAS, the Department of Veterans Affairs (VA) helps veterans, service members and eligible surviving spouses become homeowners; and

WHEREAS, the VA provides a home loan guaranty benefit and other housing-related programs to help buy, build, repair, retain or adapt a home for personal occupancy; and

WHEREAS, the VA home loan benefit includes no down payment requirement, competitively low interest rates, limited closing costs and no need for private mortgage insurance and is a lifetime benefit that can be used multiple times; and

WHEREAS, the VA has now backed more than 25 million home loans since the program's inception in 1944; and

WHEREAS, the VA advocates for veterans by limiting fees that lenders can charge and monitoring for unscrupulous lending practices; and

WHEREAS, recent events have caused nearly 40,000 veterans and their families to possibly lose their homes to foreclosure due to unforeseen circumstances; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to consider modernizing and improving the VA home loan process to improve veterans' access to home ownership for them and their families.

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RESOLUTION NO. 87

**Support Legislation Authorizing the Department of Veterans Affairs
to Award a 10% Disability Rating for Veterans That Are Prescribed
Medication to Control Hypertension**

WHEREAS, to receive disability compensation from the Department of Veterans Affairs (VA) for hypertension, the condition must be service-related with moderate elevation in blood pressure readings and require continuous medication to control blood pressure; and

WHEREAS, a veteran's medical records must show a diagnosis of hypertension and blood pressure measurements on three different days with an elevated diastolic blood pressure reading of 100 mm or greater; and

WHEREAS, the VA rating must be at least 10% to qualify for VA disability payments; and

WHEREAS, most veterans diagnosed with hypertension are put on medication to control the condition and lower the blood pressure measurements, thereby disqualifying them for a compensable VA rating; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to automatically grant veterans diagnosed with hypertension and prescribed medication a 10% disability rating.

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RESOLUTION NO. 108

**Increase the Grant and Specially Adaptive Equipment Reimbursement Rates
for Automobiles and Other Conveyances to Certain Disabled Veterans,
and Authorize Reimbursement for New Adaptive Equipment Technologies**

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to increase the automobile grant level to an amount representing 80% of the average cost of new automobiles; AND

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

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

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RESOLUTION NO. 109

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 veteran called the VA to report the financial abuse but was denied help by VA employees, because the vulnerable veteran could not provide “proof” of the abuse; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation and changes to applicable regulations that require the VA to improve the VA Fiduciary Program by creating a better monitoring system and 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.

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RESOLUTION NO. 113

Support Legislation to Provide Studies, Health Care and Benefits Resulting from Toxic Exposures in Bosnia and Kosovo

WHEREAS, beginning in December 1995, U.S. and allied nations deployed peacekeeping forces to Bosnia and Kosovo in support of Operation Joint Endeavor as part of the United Nations (U.N.) mission; and

WHEREAS, the U.N. mission completed its mandate on December 31, 2002; and

WHEREAS, the Department of Defense acknowledged that burn pits were used at U.S. bases in Bosnia and Kosovo; and

WHEREAS, during Operation Joint Endeavor in Bosnia in 1995–1996, military preventive-medicine personnel recognized that open burning of waste might be an operational necessity during combat operations, but they emphasized that burning should be used to the minimum extent feasible and that burn pits should be located as far as possible downwind of personnel; and

WHEREAS, researchers from the Department of Veterans Affairs (VA) Epidemiology Program, Post Deployment Health Services, studied the cause-specific mortality risks among veterans who deployed to Bosnia and Kosovo between 1996 and 2002; and

WHEREAS, this study focused on mortality due to leukemia, respiratory disease, respiratory cancer and heart disease; and

WHEREAS, media reports of leukemia and other cancers among European U.N. peacekeepers who served in the Balkans, and a scientific finding of excess Hodgkin lymphoma among Italian U.N. peacekeepers who served in Bosnia, suggested a link between cancer incidence and depleted uranium exposure; 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, the VA does not recognize or acknowledge burn pit exposure for those who served in Bosnia or Kosovo; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the recognition of the existence of toxic substances and environmental hazards in Bosnia and Kosovo and concession of exposure for all U.S. service members who served there between 1995 and 2002; AND

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

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

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RESOLUTION NO. 114

Support Legislation That Would Exempt the Benefits Paid to Wartime-Service-Connected Disabled Veterans from PAYGO Rules and Statutes

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 injuries sustained during wartime service; and

WHEREAS, the benefits and services received by wartime-disabled veterans as a result of their service-connected disabilities are 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, congressional PAYGO rules require any new benefits or services to be offset by cuts to 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 Statutory Pay-As-You-Go Act of 2010 mandates that all new legislation changing taxes, fees or mandatory spending—taken together at the end of each two-year Congress—must not increase projected federal budget deficits; otherwise, the Office of Management and Budget must order a sequestration to cut all federal programs to eliminate that deficit; and

WHEREAS, sequestration can result in cuts to veterans programs, negatively impacting the delivery of benefits and services to wartime-disabled veterans; and

WHEREAS, the benefits and services provided to wartime-disabled veterans are earned through their service and are not a gratuitous benefit; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to exempt VA benefits and services provided to service-connected disabled veterans, their dependents and survivors from PAYGO rules and statutes as well as from any budget caps or sequestration legislation.

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RESOLUTION NO. 115

**Amend Provisions Regarding Eligibility for Automobile Adaptive Equipment
to Include Any Veteran Whose Service-Connected Disability Inhibits
the Ability to Safely Operate a Motor Vehicle**

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 116

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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 117

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 Phoenix, Arizona, August 3–6, 2024, strongly supports legislation that would allow all veterans to recover taxes from their disability severance pay.

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RESOLUTION NO. 118

Support Oversight of Department of Veterans Affairs Practices in Evaluating Disability Claims for Residuals of Military Sexual Trauma

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

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

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

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

WHEREAS, the Department of Defense (DOD) has created 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 the DOD and VA have agreed on some procedures that would govern documentation sufficient to justify service connection for 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 120

Oppose Lump-Sum Payments for Service-Connected Disabilities

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, opposes any change in law to provide for lump-sum payments of Department of Veterans Affairs disability compensation.

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RESOLUTION NO. 121

Oppose the Imposition of Time Limits for Filing Compensation Claims

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, opposes any change in law to limit the time for filing compensation claims.

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RESOLUTION NO. 122

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 Phoenix, Arizona, August 3–6, 2024, opposes changes in current law so as to redefine and restrict the conditions under which service connection may be established.

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RESOLUTION NO. 123

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 base closed in 1999, Fort McClellan, located in Anniston, Alabama, was home of the Chemical Corps and Chemical Weapons School for the United States Army; and

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

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

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

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

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

WHEREAS, the 2005 Institute of Medicine (IOM) report recognizes that both the groundwater and soil were contaminated by those noted above; and

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

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

- Radioactive compounds (cesium-137 and cobalt-60) used in decontamination training activities in isolated locations on base.
- Chemical warfare agents (mustard gas and nerve agents) used in decontamination testing activities in isolated locations on base.
- Airborne polychlorinated biphenyls (PCBs) from the Monsanto plant in the neighboring town; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 124

**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 are 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 127

Increase the Home Improvement and Structural Alterations Grant

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls for a reasonable increase in HISA benefits for veterans.

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RESOLUTION NO. 129

Support Legislation to Streamline and Improve the Requirements and Processing of Specially Adapted Housing Grants and the Special Housing Adaptation Grants

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to streamline the SAH and SHA eligibility requirements, improve the length of processing time, digitize VA payments, and expedite all applicants with ALS and other terminal illnesses.

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RESOLUTION NO. 130

Support Legislation to Ensure That Total Disability Based on Individual Unemployability Remains Available for All Veterans Regardless of Age or Receipt of Any Other Earned Federal Benefits

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, urges Congress to enact legislation to protect TDIU for it to remain available for all veterans regardless of age or receipt of any other earned federal benefits.

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RESOLUTION NO. 142

**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 Phoenix, Arizona, August 3–6, 2024, supports legislation to reduce the 10-year rule for DIC qualification to a more reasonable period of time.

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RESOLUTION NO. 143

Support Interest Payments for Department of Veterans Affairs Retroactive Awards of One Year or More

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, 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.

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RESOLUTION NO. 144

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 Phoenix, Arizona, August 3–6, 2024, supports legislation which would add those medical conditions that are characteristically associated with or can be reasonably attributed to the POW experience as presumptive disorders for former POWs.

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RESOLUTION NO. 145

Support Legislation to Provide a Temporary Total Disability Compensation Rating for an Amputee Veteran While a New Prosthetic Device Is Developed and Delivered

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to amend the VASRD to provide a temporary total rating for a service-connected veteran amputee during the period required to replace a prosthetic device.

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RESOLUTION NO. 147

**Support Legislation Authorizing the Presumption of Service Connection
for All Radiogenic Diseases, and Eliminate Dose Estimate Requirements**

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 148

**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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 149

**Extend Eligibility for Veterans' Mortgage Protection Life Insurance
to Service-Connected Veterans Rated Permanently and Totally Disabled**

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks the enactment of legislation which would extend VMLI to service-connected veterans who are rated as permanently and totally disabled.

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RESOLUTION NO. 150

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 attorneys 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, in 2019, the Appeals Modernization Act established three ways for a claimant to take action on a decision, a supplemental claim, a higher-level review or a Notice of Disagreement, and thus allowing attorneys or agents to charge a fee for counseling and representation following any of the three noted; 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 151

**Support an Increase in the Department of Veterans Affairs Burial Allowance
for Service-Connected Veterans and Provide Automatic Annual Adjustments**

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, 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.

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RESOLUTION NO. 152

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 (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 compensates 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 special monthly compensation awards to address the profound impact of certain disabilities on quality of life and to assess whether other ancillary benefits might be appropriate; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports the enactment of legislation to provide a realistic increase in VA compensation rates to address loss of quality of life.

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RESOLUTION NO. 153

**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 Phoenix, Arizona, August 3-6, 2024, opposes any proposal to means-test disability compensation and Dependency and Indemnity Compensation.

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RESOLUTION NO. 154

**Support a Change in Regulatory Requirements Rating Under Section 4.30,
Title 38, Code of Federal Regulations, to Provide for a Temporary Total Rating
for Incapacitation of More Than 21 Days**

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports a change in section 4.30, title 38, Code of Federal Regulations, to provide for a temporary total rating if treatment or exacerbation of a service-connected disability results in a condition of temporary total incapacity for employment; or temporary unavailability for employment by reason of home health care or ambulatory care, bed rest or confinement to the home; or contraindication of work activities for more than 21 days.

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RESOLUTION NO. 155

Oppose Long-Term Rounding Down of Cost-of-Living Adjustments in Veterans Benefits

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, opposes long-term rounding down of COLAs for veterans' disability compensation and compensation to their dependents and survivors.

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RESOLUTION NO. 156

**Amend the Law to Provide a 10-Year Protection Period
for Service-Connected Disability Ratings**

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

WHEREAS, permanency should be conceded for disability compensation ratings that have been continuously 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 159

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 Phoenix, Arizona, August 3-6, 2024, supports legislation to provide a realistic cost-of-living allowance for our nation's disabled veterans, their dependents and survivors.

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RESOLUTION NO. 160

**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 their disability and is thus not compensated; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks legislation to exclude veterans disability compensation from countable income for purposes of eligibility for benefits or services under other government programs.

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RESOLUTION NO. 163

Remove the Delimiting Date for Persian Gulf Veterans' Illnesses

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

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

WHEREAS, section 3.317(i), title 38, Code of Federal Regulations (CFR), stipulates that diseases associated with service in the Persian Gulf must “manifest either during active military, naval, or air service in the Southwest Asia theater of operations, or to a degree of 10% or more not later than December 31, 2026”; 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 Phoenix, Arizona, August 3–6, 2024, urges Congress to support legislation to remove the delimiting date for disabilities as a result of active-duty services in the Southwest Asia theater of operation.

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RESOLUTION NO. 200

**Consider Treatment for a Presumptive Service-Connected Condition as a Claim
for Department of Veterans Affairs Compensation**

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 204

**Ensure a Veteran's Military Occupational Specialty Be Considered
as a Basis for Establishing Entitlement to Benefits Due to Toxic Exposure**

WHEREAS, a jet mechanic could have been exposed to various types of jet fuel, to include JP-5 and JP-8, and that exposure can lead to many different problems, such as but not limited to neurological disorders, respiratory problems and cancer; and

WHEREAS, a crash crew member served at the time when no precautions were taken to prevent exposure to all the various materials used in the production and maintenance of an aircraft, after it has crashed and was either recovered for the reassembly of the aircraft for investigation into the cause of the crash, and which, if it was a jet, would include exposure to jet fuel, or for the collection of the human remains of the personnel on the aircraft; and

WHEREAS, these exposures could be the cause of many cancers and too many other ailments to list here; and

WHEREAS, a service member who handled depleted uranium shells or nuclear weapons could have been exposed to radiation; and

WHEREAS, a study needs to be set up to explore each and every military occupational specialty (MOS) to see what the potential exposures might have been for them; and

WHEREAS, the time frame for the study should look at the oldest of the veterans first so as to not have the study outlive the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports a Department of Veterans Affairs commission being set up to investigate the possible exposures of our oldest veterans first and work toward the newest veterans; AND

BE IT FURTHER RESOLVED that, when an exposure is validated, it immediately be added to the PACT Act for presumptive exposure for the veterans of that MOS and does not get held back for a final collective end to the study; AND

BE IT FURTHER RESOLVED that this will ensure that veterans get the health care and compensation that they deserve and have earned in a timely way.

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RESOLUTION NO. 206

Support the Amendment of the PACT Act to Expand Coverage for Veterans Who Were Exposed to Chemical Agents or Defoliants to Include Agent Orange in the Republic of Korea

WHEREAS, military service can result in increased health risks for our veterans, and some injuries and illnesses, like asthma, cancer and others, can take years to manifest; and

WHEREAS, the PACT Act codifies the Department of Veterans Affairs' (VA's) new process for evaluating and determining presumption of exposure and service connection for various chronic conditions when the evidence of a military environmental exposure and the associated health risks are strong in the aggregate but hard to prove on an individual basis; and

WHEREAS, many veterans remain unaware of their eligibility for benefits and services related to potential military toxic exposure; and

WHEREAS, the Department of the Army circulated a document on 2 January 1969 with limited distribution on a need-to-know basis, titled Final Report, Vegetation Control Plan CY68 (U); and

WHEREAS, Agent Orange was deployed in the Republic of Korea under deceptive means, yet Korean War veterans and Korea defense veterans are not presumed to have been exposed to it and must fight for benefits; and

WHEREAS, the PACT Act incorporates specific time periods and locations for the use of Agent Orange; and

WHEREAS, Korea is only mentioned by name without identifying any specific time periods or locations, and Korean War and Korea defense veterans must fight for presumption of exposure; and

WHEREAS, because documentation of the use of Agent Orange has been classified since at least 1969, it becomes imperative that specific times and locations of its use in Korea be specifically identified in the PACT Act; and

WHEREAS, documentation has been classified, limited or unavailable to Korean War and Korea defense veterans pursuing disability claims for Agent Orange; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls upon the United States government to include specific times and locations of the use of Agent Orange in the Republic of Korea from 1950 to the present; AND

BE IT FURTHER RESOLVED that the PACT Act expand coverage for veterans who were exposed to chemical agents or defoliants to include Agent Orange in the Republic of Korea.

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RESOLUTION NO. 240

Ensure Cold War Nuclear Weapons Technicians are Considered as Radiation-Exposed and Toxic Substance-Exposed Veterans

WHEREAS, Cold War-era military veteran nuclear weapons technicians worked in silence to maintain our nation's nuclear weapons, directly contributing to our nuclear defense and deterrence; and

WHEREAS, live nuclear weapons in our nation's stockpile emitted radiation through their exterior surfaces and through exposed components during maintenance and handling; and

WHEREAS, veteran nuclear weapons technicians worked with numerous toxic and carcinogenic chemicals, without adequate protection, while maintaining nuclear weapons and related equipment; and

WHEREAS, the primary duties were to maintain, repair, disassemble, replace components on, assemble, modify, test, calibrate, transport and store live nuclear weapons in the care and custody of the Department of Defense; and

WHEREAS, those routine tasks exposed veteran nuclear weapons technicians to ionizing radiation every time they worked on or near a live nuclear warhead, weapon or weapon system; and

WHEREAS, the Department of Veterans Affairs' (VA's) compensation programs have generally not included nuclear weapons technicians from the Cold War period, nor their dependents or survivors, as veterans being exposed to radiation or toxic substances; and

WHEREAS, due to long latency periods, the uniqueness of the dangers to which they were exposed and inadequate exposure data, many of these individuals have been unable to obtain compensation benefits; and

WHEREAS, nuclear weapons technicians also worked without adequate respiratory and other personal protection from toxic and carcinogenic chemicals, organic solvents, compounds and metals during nuclear weapons and associated equipment maintenance; and

WHEREAS, the VA does not "presume exposure" to veterans who served as nuclear weapons technicians as it is presumed with several other categories of veterans who were exposed to radiation and other toxic substances; and

WHEREAS, former nuclear weapons technicians and their survivors want entitlement to VA compensation and health care benefits like those granted to civilian workers through the Energy Employees Occupational Illness Compensation Program Act of 2000; and

WHEREAS, nuclear weapons technicians want nothing more than the same respect, recognition, support, health care and related benefits as other veterans who were exposed to radiation and other toxic substances; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that nuclear weapons technicians will receive recognition and certification as members of a category, class, cohort or group of veterans with duties designated as “radiation-risk” and “toxic-exposure-risk” activities and including related “presumed exposure” for both.

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RESOLUTION NO. 261

Support Legislation to Amend the Veterans Appeals Improvement and Modernization Act to Allow Any and All Evidence to Be Reviewed by a Veterans Law Judge

WHEREAS, on February 19, 2019, the Veterans Appeals Improvement and Modernization Act (AMA) was officially implemented to streamline the appeals process and expedite decision timelines; and

WHEREAS, a veterans law judge (VLJ) is limited in their ability to review all evidence pertaining to the veteran's specific appeal; and

WHEREAS, a veteran or their representative must resubmit evidence already of record within 90 days of a hearing or within 90 days of the Department of Veterans Affairs (VA) Form 10182 Notice of Disagreement (NOD) being filed; and

WHEREAS, any record outside the 90-day window cannot be reviewed by a VLJ; and

WHEREAS, it is inherently unfair that the veteran or their representative be responsible to resubmit evidence pertaining to a claim within the 90 days required by AMA if the evidence is of record; and

WHEREAS, the inability for a VLJ to review all evidence in the record, whether veteran-supplied or evidence gathered by the VA in the process of additional claims, has caused additional delay in the ability of a VLJ to grant benefits sought on appeal to which the veteran is entitled; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to amend the AMA to allow any and all evidence that pertains to the appeal be reviewed by a VLJ.

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RESOLUTION NO. 277

Increase Grant Funding for Local Veterans Cemeteries

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, requests an increase in the VA's Veterans Cemetery Grant Program budget to \$10 million per year to cover the establishment, improvement, operations and maintenance for these cemeteries.

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RESOLUTION NO. 281

Support Legislation Providing That Special Separation Benefit Payments Not Be Withheld From Department of Veterans Affairs Disability Compensation Payments

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

WHEREAS, these individuals are entitled to separation pay; and

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to clarify that SSB payments are not disability payments and therefore should not be recouped from VA disability compensation payments.

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RESOLUTION NO. 283

**Require the Department of Veterans Affairs to Request Medical Records
Prior to Routine Future Examinations**

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, vigorously supports regulatory and statutory requirements to require the VA be mandated to request any private or government medical records prior to scheduling any future examination.

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RESOLUTION NO. 284

Support Compensable Evaluations for Certain Disabilities Currently at Zero Percent

WHEREAS, the Department of Veterans Affairs (VA) Schedule for Rating Disabilities assigns a noncompensable rating for asymptomatic disabilities; and

WHEREAS, a noncompensable rating does not contemplate required medications, prosthetic appliances or employment interference; and

WHEREAS, the VA Schedule for Rating Disabilities provides a compensable rating of 10% for other disabilities that require medication only, such as chronic fatigue disorder, coronary artery disease and hypothyroidism; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the assignment of a compensable evaluation of 10% for noncompensable disabilities that require medication or prosthetic appliances or show employment interference.

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RESOLUTION NO. 294

Extend Veterans Benefits to Survivors Following the Death of the Veteran

WHEREAS, when a service-connected veteran dies, the compensation only continues to the veteran's surviving spouse or family for the month of the veteran's death; and

WHEREAS, a claim for Dependency and Indemnity Compensation (DIC) by the surviving spouse can take over four months to be adjudicated by the Department of Veterans Affairs (VA); and

WHEREAS, the surviving spouse and family are still responsible for the regular monthly household expenses, such as mortgage/rent, utilities and car payments; and

WHEREAS, in many cases, the surviving spouse has become the veteran's caregiver, given up a career and has no other source of income; and

WHEREAS, not only are these families dealing with the loss of the veteran, but many are put in a financial hardship due to the loss of the veteran's compensation and waiting potentially more than four months for DIC benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to extend a deceased veteran's VA compensation benefits to the surviving spouse and family for a certain period of time to assist during the transition after the veteran's death.

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RESOLUTION NO. 299

**Support Legislation to Remove Personal Identification
Information From Veteran's Claim File**

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports the VA discontinuing use of Social Security numbers and promptly assigning a unique claim number to all veterans who have or will file a disability claim with the VA.

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RESOLUTION NO. 300

Support Outdated Forms to Be Considered Intent to File

WHEREAS, when the Department of Veterans Affairs (VA) updates any standardized form, that a period of one year will be authorized for the claimant to submit an updated form rather than the current 60 days; and

WHEREAS, if the veteran submits an outdated form, then the outdated form would be considered an intent to file for one year from the date of receipt of the outdated form; and

WHEREAS, if the veteran returns an updated form addressing the same contentions on the outdated form, the VA will apply the regulations of the intent to file and honor the effective date of claim as the date of receipt of the outdated form; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports any outdated form received by the VA to be considered an intent to file and the veteran be allowed one year to file the current dated form, in which the VA honors the date of receipt of the outdated form as the earliest effective date as related to section 3.155(c), title 38, Code of Federal Regulations

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RESOLUTION NO. 303

**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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 306

Support Meaningful Claims and Appeals Reform

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

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, calls on Congress and VBA to support significant and meaningful claims and appeals processing reform to address the VA's overall claims and appeals workloads; AND

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

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

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

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

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RESOLUTION NO. 307

**Support Legislation for the Department of Veterans Affairs (VA) to
Provide Child Care Services/Assistance to Veterans Attending VA Programs**

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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. 308

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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 310

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 Phoenix, Arizona, August 3–6, 2024, 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. 318

Oppose Change of Definition of a Herbicide Agent for the Purposes of Establishing Service Connection for Disabilities Related to Herbicide Exposure

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, opposes any change of definition of herbicides that would limit service connection only to those veterans physically in Vietnam.

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RESOLUTION NO. 324

**Support Legislation to Protect Claimants From Those Charging Fees for
Department of Veterans Affairs Claims Preparation, Presentation or Prosecution**

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to prohibit and penalize those who knowingly solicit or contract for charges or receive any fee or compensation for providing advice on how to file a VA claim; the preparation, presentation or prosecution of such a claim; or unlawfully withhold from any claimant any part of a benefit or claim, all prior to the date on which a higher-level review, supplemental claim or a Notice of Disagreement has been filed.

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RESOLUTION NO. 381

**Support the Addition of Toxic-Exposure Risk Activity for Those Exposed
to the Red Hill Water Contamination**

WHEREAS, built in the 1940s, the Red Hill underground bulk fuel storage facility contains 20 tanks that are 250 feet tall and can hold a total of 250 million gallons of fuel used by ships and aircraft based at Joint Base Pearl Harbor–Hickam; and

WHEREAS, the site has had several leaks since its construction; and

WHEREAS, on May 6, 2021, 27,000 gallons of fuel that leaked from a storage tank at the Red Hill facility flowed into the ground surrounding the facility and into an underground aquifer; and

WHEREAS, the United States government has admitted the November 20, 2021, spill at the Red Hill bulk fuel storage facility caused a nuisance for the 17 “bellwether” plaintiffs, representing a cross-section of relatives of military members representing more than 7,500 others, including service members; that the United States “breached its duty of care”; and that the plaintiffs suffered compensable injuries; and

WHEREAS, a survey jointly conducted by the Department of Health and the Centers for Disease Control and Prevention found that 87% of individuals surveyed reported being sickened and 37% of those surveyed reported seeking medical care to address their symptoms; and

WHEREAS, the Department of Veterans Affairs (VA) does not currently recognize the fuel-contaminated water as a toxic-exposure risk activity or concede that exposure; and

WHEREAS, the VA has not conducted or contracted any studies specific to the exposures from the Red Hill fuel contamination; and

WHEREAS, the VA identifies conditions of ongoing health problems and offers cost-free health care for veterans and family members; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to concede exposure to contaminated water from Red Hill, to contract studies for negative long-term health impacts and to provide presumptive service connection for any related diseases.

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RESOLUTION NO. 404

Support Legislation to Improve Veterans Benefits Administration Employee Training

WHEREAS, the Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) employee training program was established to ensure that the rating process is accurate and that veterans receive disability benefits in a timely manner; and

WHEREAS, the current training program is not universally administered across VBA, and some raters are erroneously denying claims for veterans disability compensation without consideration of new laws and changes in policy; and

WHEREAS, some raters are assigning the date of the supplemental review as the effective date of claim, where either the intent to file date or date of claim should be the effective date; and

WHEREAS, these errors delay the correct retroactive pay to the veteran; and

WHEREAS, it could take upward of months to years to reevaluate a claim and for an accurate decision to be made, thus delaying timely decisions for veterans' claims; and

WHEREAS, proper training is not uniformly being administered to VBA employees to ensure accuracy when there are changes in policy and legislation affecting the claims process; and

WHEREAS, VBA should initiate an improved training process to ensure that benefits raters are universally and consistently informed of legal and policy changes with a goal of making fewer errors and producing timely, accurate rating decisions for each veteran, without the need for appeals; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to improve VBA's training program to ensure veterans' claims are adjudicated correctly and in a timely manner.

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RESOLUTION NO. 418

Support Legislation to Establish a Supplementary Specially Adapted Housing Grant

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

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

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

WHEREAS, the fiscal year 2024 maximum SAH grant amount is \$117,014 and must be used for the purpose of constructing or modifying a home to meet adaptive needs; and

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to establish a supplementary SAH grant for eligible veterans needing to relocate and for veterans experiencing an increase in the severity of their service-connected disabilities; AND

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

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RESOLUTION NO. 419

Support Legislation to Investigate Cancer Link to Intercontinental Ballistic Missile Bases

WHEREAS, Air Force Global Strike Command approved in 2023 a comprehensive study designed by the U.S. Air Force School of Aerospace Medicine to conduct a formal assessment that addresses specific cancer concerns raised by missile community members; and

WHEREAS, the Air Force School of Aerospace Medicine will take “a comprehensive look across multiple Air Force Specialty Codes, locations and possible additional cancer” concerns raised by the missileer community at bases in North Dakota, Montana and Wyoming; and

WHEREAS, U.S. Air Force officials are investigating whether service members in a wide assortment of jobs who have served at any of the nation’s intercontinental ballistic missile bases are at risk for non-Hodgkin lymphoma and other cancers; and

WHEREAS, missileers are exposed to a variety of chemicals and toxins, ranging from paint in small spaces to fumes from burning classified documents to aerial asbestos and radon exposure; and

WHEREAS, missileers are at times in close proximity to nuclear weapons containing enriched uranium, plutonium and tritium gas; and

WHEREAS, missileers are at times inside enclosed missile silos containing toxic missile propellants, including ammonium perchlorate composite, monomethyl hydrazine and nitrogen tetroxide; and

WHEREAS, nine military officers who had worked decades ago at a nuclear missile base in Montana have been diagnosed with blood cancer, and there are “indications” the disease may be linked to their service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, strongly encourages the Departments of Defense and Veterans Affairs to investigate and complete an assessment that addresses specific cancer concerns raised by missile community members and if the assessment proves a positive correlation to cancer; AND

BE IT FURTHER RESOLVED that DAV will lobby Congress to pass legislation to address this issue, similar to the PACT Act of 2022.

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RESOLUTION NO. 454

**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 might alternatively establish service connection by “continuity of symptomatology” if the evidence demonstrated a condition was “noted” during service, there was post-service evidence of the same symptomatology, and there was medical or lay evidence of a nexus between the current disability and the post-service symptomatology; and

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to establish service connection for a disease not specifically listed in 38 CFR §3.309(a) using chronicity or continuity of symptomatology.

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RESOLUTION NO. 470

Support Legislation for the Department of Veterans Affairs to Cover the Total Cost of an Adaptive Vehicle for Eligible Veterans to Include Shipping Costs

WHEREAS, the Department of Veterans Affairs (VA) supplies specially adaptive vehicles to eligible veterans that need them, at no cost to the veteran; and

WHEREAS, it is the responsibility of the veteran to pay all costs associated with getting the vehicle from a dealership or VA facility to their home; and

WHEREAS, deliveries can be costly, especially but not limited to veterans who reside in Hawaii, Alaska or any of the United States territories; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation requiring that the VA be responsible for paying the total purchase price of the automobile or other conveyances, to include the total shipping price to deliver the adaptive automobile or other conveyance to the veteran’s home of record.

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RESOLUTION NO. 520

**Support Legislation to Grant Entitlement to Aid and Attendance to a Veteran's
Seriously Disabled Child**

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to allow the seriously disabled child of a veteran who meets the aforementioned criteria be granted the ability to seek additional compensation by way of aid and attendance.

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RESOLUTION NO. 537

Support Legislation to Establish Multiple Automobile Grants for Eligible Veterans

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

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

WHEREAS, the Department of Transportation (DOT) reports the average useful life of a vehicle is 11.5 years; and

WHEREAS, vehicles that have been modified structurally, including modifications to accommodate the weight of a veteran and their wheelchair, can have an accelerated depreciation of usefulness; and

WHEREAS, on average, the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used; and

WHEREAS, these substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to establish multiple automobile grants for veterans to use once every 10 years, equaling the current grant maximum in effect at the time of vehicle replacement.

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RESOLUTION NO. 568

Provide for a Compensable Rating for Hearing-Impaired Veterans Required to Use Hearing Aids

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

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

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports the VA granting veterans with high-frequency hearing loss a compensable rating (10%) when it has been medically determined that the veteran requires and has been issued a hearing amplification device.

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RESOLUTION NO. 569

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 a 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 570

Support Legislation to Establish Presumptive Service Connection for Diseases and Illnesses Related to Toxic Exposure at Malmstrom Air Force Base, Montana

WHEREAS, Malmstrom Air Force Base (AFB) was constructed in 1942 as Great Falls Army Air Base in Montana; and

WHEREAS, several air and bombardment groups trained at the base starting in World War II; and

WHEREAS, following the war, this site became a hub for supply transportation to the northern Pacific and Alaska; and

WHEREAS, Malmstrom AFB is home to a vast field of 150 Minuteman III intercontinental ballistic missile silos; and

WHEREAS, missileers, to include missile alert facility managers, ride caged elevators deep underground into a small operation bunker encased in a thick wall of concrete and steel; and

WHEREAS, they remain there sometimes for days, ready to turn the launch keys if ordered to by the President; and

WHEREAS, missileers, to include missile alert facility managers, are exposed to a variety of chemicals and toxins ranging from paint in small spaces to fumes from burning classified documents to aerial asbestos and radon exposure; and

WHEREAS, spills or leaks of propellant occurred frequently, contaminating silos for up to six weeks—a period in which the missiles were manned 24 hours a day, seven days a week; and

WHEREAS, Malmstrom AFB has a grim legacy of toxic contamination, particularly with perfluoroalkyl and polyfluoroalkyl substances; and

WHEREAS, these dangerous chemicals are usually dubbed PFAS or “forever chemicals,” encompassing over 9,000 different substances; and

WHEREAS, the Department of the Air Force is aware that there are indications of a possible association between cancer and missile combat crew service at Malmstrom AFB; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to authorize scientific studies of the environmental and toxic exposures at Malmstrom Air Force Base, Montana.

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RESOLUTION NO. 571

Support Reforms Relating to Recovery of Debts by the Department of Veterans Affairs

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to reform the VA overpayment and debt collection systems; AND

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

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

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

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RESOLUTION NO. 572

Support Legislation to Require the Department of Veterans Affairs to Implement an Optional Path for Telephonic Initial Contact for Visually Impaired Veterans

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

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

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the Department of Veterans Affairs (VA) to develop and implement a consistent policy requiring that VA health care facilities and Veterans Benefits Administration offices and call centers offer optional paths for telephonic initial contact.

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RESOLUTION NO. 573

Remove Requirement of Manifestation of Chloracne and Porphyria Cutanea Tarda and Acute and Subacute Peripheral Neuropathy Within One Year of Exposure to Agent Orange

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

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

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to remove the requirement of manifestation of symptoms to a compensable degree within one year of exposure for chloracne and porphyria cutanea tarda and acute and subacute peripheral neuropathy.

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RESOLUTION NO. 574

Support Legislation to Include Service Near the Fukushima Daiichi Nuclear Power Station as a Radiation Risk Activity

WHEREAS, due to a major earthquake in Japan, a 15-meter tsunami disabled the power supply and cooling of three Fukushima nuclear reactors, causing a nuclear accident on March 11, 2011, which caused severe damage to the Fukushima Daiichi Nuclear Power Station, which resulted in the release of radiation into the environment; and

WHEREAS, the Department of Defense (DOD) estimates that nearly 75,000 DOD-affiliated individuals were on or near the mainland of Japan during the period of March 12 to May 11, 2011; and

WHEREAS, after the nuclear accident, the DOD established the Operation Tomodachi Registry to monitor the health impacts of those service members exposed to radiation; and

WHEREAS, the United Nations Scientific Committee on the Effects of Atomic Radiation's (UNSCEAR's) May 2013 report to the General Assembly concluded, "The doses to the general public, both those incurred during the first year and estimated for their lifetimes, are generally low or very low"; and

WHEREAS, in 2018, UNSCEAR decided to update the report to reflect the latest findings, publishing their report in March 2021, which broadly confirms the major findings and conclusions of the 2013 report; and

WHEREAS, despite the conclusions of reports from UNSCEAR, the Japanese government in 2018 acknowledged a connection between the death of a former plant worker and radiation exposure; and

WHEREAS, the Department of Veterans Affairs currently does not recognize those veterans who served near Fukushima were exposed to radiation levels that warrant inclusion as a radiation risk activity; and

WHEREAS, veterans who served at Fukushima have a difficult time establishing direct service connection for cancers related to their radiation exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls on Congress to enact legislation to expand radiation risk activities and presume exposure for those service members who served in the identified locations during the Fukushima Nuclear Power Plant accident of March 11, 2011.

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RESOLUTION NO. 575

**Support Legislation to Include Service at McMurdo Station, Antarctica,
as a Radiation Risk Activity**

WHEREAS, Operation Deep Freeze was a U.S. Navy-operated small nuclear power plant at McMurdo Station, Antarctica, from 1962 to 1979; and

WHEREAS, the reactor was shut down in 1972 when a leak was discovered, and the reactor was decommissioned from 1974 to 1979; and

WHEREAS, per the Defense Threat Reduction Agency report of June 2013, all support personnel stationed at McMurdo Station were potentially exposed to external gamma and neutron radiation and internal radiation from the intake of radioactive materials by inhalation or ingestion; and

WHEREAS, seven potential sources of external exposure were identified, to include the reactor, radioactive waste, radioactive effluent, radioactive materials in passing plumes and contaminated soil deposited on the ground, while six potential sources of internal exposure were identified, to include radioactive materials deposited in the tissues and organs after breathing air and ingesting water, soil and dust that contained radioactive material; and

WHEREAS, the report concluded that calculated doses are low and the associated probability that disease could have arisen from these doses is also low; and

WHEREAS, the Department of Veterans Affairs (VA) currently does not recognize those veterans who served at McMurdo Station were exposed to radiation levels that warrant inclusion in the definition of radiation risk activities; and

WHEREAS, veterans who served at McMurdo Station have a difficult time establishing direct service connection for cancers related to the radiation exposure; and

WHEREAS, the presumption of service connection for radiation exposure applies to radiation risk activity participants, which does not include those who served at McMurdo Station; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls on Congress to enact legislation to expand radiation risk activities and presume exposure to those service members who served at McMurdo Station, Antarctica.

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RESOLUTION NO. 578

**Investigate the Effects of Toxic Exposures on Veterans Stationed
at Tyndall Air Force Base, Florida**

WHEREAS, the Department of Veterans Affairs (VA) has determined that contamination of water at Camp Pendleton caused various cancers and other medical problems due to such chemicals as trichloroethylene (TCE), perchloroethylene (PCE), dichloroethylene (DCE) and other chemicals; and

WHEREAS, Tyndall Air Force Base (AFB) was on the Environmental Protection Agency's Superfund cleanup list; and

WHEREAS, Tyndall AFB water was contaminated with lead and lead pellets, chlorinated solvents, dichlorodiphenyltrichloroethane (DDT) and breakdown products, and various metals; and

WHEREAS, studies have shown that military personnel stationed at Tyndall AFB, Florida, are at a THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation for a study to be conducted that specifically considers medical problems of military personnel and their families while stationed at Tyndall Air Force Base, Florida.

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RESOLUTION NO. 579

**Investigate the Effects of Toxic Exposures on Veterans Stationed
at Naval Air Station Whidbey Island, Washington**

WHEREAS, the Department of Veterans Affairs (VA) has determined that contamination of water at Camp Pendleton caused various cancers and other medical problems due to such chemicals as trichloroethylene (TCE), perchloroethylene (PCE), dichloroethylene (DCE) and other chemicals; and

WHEREAS, Naval Air Station (NAS) Whidbey Island, Washington, was on the Environmental Protection Agency's Superfund cleanup list; and

WHEREAS, NAS Whidbey Island was contaminated with numerous chemicals, including but not limited to TCE; polychlorinated biphenyls (PCBs); pesticides; polycyclic aromatic hydrocarbon (PAH); dioxins (already covered by the VA as herbicide exposure); heavy metals. to include lead; and arsenic; and

WHEREAS, studies have shown that military personnel stationed at, or on temporary duty to, NAS Whidbey Island, Washington, have a higher chance for certain diseases/cancers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation for a study to be conducted that specifically considers medical problems of military personnel and their families while stationed at Naval Air Station Whidbey Island, Washington.

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RESOLUTION NO. 580

**Investigate the Effects of Toxic Exposures on Veterans Stationed
at Schofield Barracks, Hawaii**

WHEREAS, the Department of Veterans Affairs (VA) has determined that contamination of water at Camp Pendleton caused various cancers and other medical problems due to such chemicals as trichloroethylene (TCE), perchloroethylene (PCE), dichloroethylene (DCE) and other chemicals; and

WHEREAS, Schofield Barracks, on the island of Oahu, Hawaii, was on the Environmental Protection Agency's Superfund cleanup list; and

WHEREAS, studies have shown that military personnel stationed at Schofield Barracks are at risk for neurological disorders, diabetes, cancer and birth defects in children; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation for a study to be conducted that specifically considers medical problems of military personnel and their families while stationed at Schofield Barracks, Hawaii.

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Hospital and Voluntary Services



RESOLUTION NO. 4

Include Domiciliary Care in the Form of Mental Health and Rehabilitative Treatment Program in the Definition of Department of Veterans Affairs Health Care Treatment

WHEREAS, millions of veterans suffer from chronic mental health disabilities incurred during or as a result of military service; and

WHEREAS, the Department of Veterans Affairs (VA) offers inpatient domiciliary care in the form of the Mental Health Residential and Rehabilitation Treatment Program (MH RRTP) for said disabilities; and

WHEREAS, VA compensation for total disability (100% rate) is paid to veterans in cases of hospitalization for more than 21 days under the provisions of section 4.29, title 38, Code of Federal Regulations (CFR); and

WHEREAS, veterans receiving treatment in MH RRTP are unable to pursue their occupations and lose income during their period of inpatient care, creating reluctance to seek needed mental health treatment; and

WHEREAS, prior to October 2018, the VA paid compensation for total disability during the period of MH RRTP treatment to qualifying veterans; and

WHEREAS, the United States has made a commitment to caring for veterans who incur injuries and other chronic medical conditions in the defense of this great nation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports amending 38 CFR §4.29 to include MH RRTP in the definition of VA health care treatment that establishes eligibility for payment of compensation for total disability.

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RESOLUTION NO. 16

**Require the Department of Veterans Affairs to Increase Efficiency
in Recruitment, Hiring and Credentialing of Certain Health Care
Professionals Undergoing Separation From the Armed Services**

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

WHEREAS, certain active members of the armed forces serve in a health care capacity and are being discharged from the armed forces under honorable conditions and are seeking employment in health care; and

WHEREAS, 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 Phoenix, Arizona, August 3–6, 2024, supports legislation to require the VA to carry out a program to increase efficiency in the recruitment and hiring by the VA of health care workers that are undergoing separation from the armed forces and to create uniform credentialing standards for certain health care professionals of the VA.

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RESOLUTION NO. 17

Ensure the 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 protection that allows them to obtain medical care within their health benefits package; and

WHEREAS, these processes for patient grievances and effective care coordination in the VA healthcare system is imperative, particularly for health care systems such as the Department of Veterans Affairs (VA), which use capitated payment models for which there are incentives to conserve resources; and

WHEREAS, the VA MISSION Act (Public Law 115–182) expanded the VA's purchased community care program, making over 40% of veterans enrolled in the VA health care system eligible for VA community care; and

WHEREAS, the VA's current clinical appeals process is outlined in VHA Directive 1041, Appeal of Veterans Health Administration Clinical Decisions, which outlines procedures for resolving clinical disputes through the Department, but expert or external reviews are performed at the Chief Medical Officer's discretion rather than the veteran's request; 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 18

Support the Provision of Comprehensive Department of Veterans Affairs Health Care Services to Enrolled Veterans

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

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

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

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

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

WHEREAS, due to consistently inadequate appropriations levels, the VA has faced restrictions and has had to 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 with sufficient funding to ensure, at a minimum, the following standards are met:

- Promote and ensure health care quality and value and protect veterans' safety in the health care system;
- Guarantee access to a full continuum of care, from preventive through hospice services, including complementary and integrative care such as yoga, massage, acupuncture, peer support, chiropractic and other nontraditional therapies;
- Receive adequate funding through appropriations for the care of all enrolled veterans;
- Fairly and equitably distribute resources to treat the greatest number of veterans requiring health care;
- Ensure barriers to care for veterans in ethnic, racial and sexual minority groups are addressed, including staff expertise in addressing these groups' needs with sensitivity;
- Furnish quality primary care and gender-specific services necessary to meet the needs of a growing population of women veterans;
- Provide all supplies, prosthetic devices and medications, including over-the-counter medication, necessary for the proper treatment of service-connected disabled veterans;

- Preserve the VA's mission and role as a provider of specialized services in areas such as blindness, burns, amputation, traumatic brain injury, spinal cord injury and dysfunction, mental illness and long-term care;
- Maintain the integrity of an independent VA health care delivery system as representing the primary responsible entity for the delivery of health care services to enrolled veterans;
- Modernize its human resources management system to enable the VA to compete for, recruit and retain the types and quality of VA employees needed to provide comprehensive health care services to sick and disabled veterans;
- Maintain a strong and veteran-focused research program; and
- Establish and sustain effective telehealth programs as an aid to access VA health care, particularly for rural and remote populations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that embodies the concepts and principles enumerated above and establishes certainty to clearly defined VA health care services for enrolled veterans.

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RESOLUTION NO. 19

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 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 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 Phoenix, Arizona, August 3–6, 2024, opposes any action to restrict health care eligibility for military medically retired veterans in either the DOD or the VA health care system.

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RESOLUTION NO. 20

Support Legislation to Change Eligibility for Community Nursing Home Program

WHEREAS, Veterans Health Administration (VHA) Notice 2020–32 establishes policy for new community care; and

WHEREAS, eligibility is mandatory for a veteran who has a single or combined service- connected disability rating of 70% or greater; that includes veterans with a single disability rated at 60% and a total disability rating based on Individual Unemployability; and

WHEREAS, VHA Notice 2020–32 does not consider common etiology in determining the eligibility for community nursing care; and

WHEREAS, the lack of consideration of this factor may prevent veterans from qualifying for community nursing care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports amending VHA Notice 2020–32 to make veterans eligible for community nursing care if they have disability evaluations in which common etiology is noted that significantly impairs their ability to perform daily or independent living skills.

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RESOLUTION NO. 32

Support Research Regarding Female Veteran Menopause

WHEREAS, the symptoms of menopause can lead to anxiety and/or depression, pain and anger (which are just a few of the symptoms); and

WHEREAS, these symptoms can be exacerbated for women with a history of post-traumatic stress disorder (PTSD); and

WHEREAS, the Department of Veterans Affairs (VA) currently prescribes hormone therapy as patches and pills to treat female menopause; and

WHEREAS, there is a considerable lack of research in female veterans versus nonveterans in the scope of PTSD and menopause; and

WHEREAS, the influence of biologic sex on the neurobiology of PTSD could result in better treatment of menopause in female veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports research regarding female veteran menopause and its impact on mental health and impact to physiology of female veterans.

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RESOLUTION NO. 33

Provide Oversight by the Department of Veterans Affairs of Service Dogs Permitted Into the Medical Centers and Community-Based Outpatient Centers

WHEREAS, service dogs are an essential part of the lives of veterans who suffer, from mental or physical disabilities; and

WHEREAS, the veteran and their service dog should have the proper training and meet a specified list of criteria to be considered a service dog team; and

WHEREAS, untrained dogs that are admitted to a Department of Veterans Affairs (VA) facility present a danger to trained service dog teams and others; and

WHEREAS, oversight of admission of service dog teams to VA facilities should be controlled by a Service Dog Champion Representative of the VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the VA creating an office of oversight for the service dog program to ensure the safety of service dogs and their veterans from untrained dogs allowed into the facility.

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RESOLUTION NO. 34

Require a Veteran's Attending Department of Veterans Affairs (VA) Physician to Provide a Medical Opinion Regarding 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 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 Phoenix, Arizona, August 3–6, 2024, 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 with claims for VA benefits.

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RESOLUTION NO. 35

Support Legislation to Include 1151 Protections under Title 38, United States Code, for Veterans Using Department of Veterans Affairs Community Care Services

WHEREAS, the Department of Veterans Affairs (VA) is the primary care provider for millions of the nation's wartime and disabled veterans; and

WHEREAS, veterans, when receiving services at a VA medical facility or from a VA physician, are provided recourse when an additional disability or death is proximately due to or caused by such care as deemed to be negligent or careless; and

WHEREAS, compensation can be awarded if an additional disability or death of a veteran was caused by a VA employee's or facility's carelessness or negligence when providing hospital care, medical or surgical treatment, or examination; and

WHEREAS, veterans have increasing options to receive care in their local communities paid for by the VA, including from providers who participate in the VA's community care network established under Public Law 115-182, the VA MISSION Act of 2018; and

WHEREAS, it is expected that the quality of care provided by the contracted non-VA medical facility or contracted non-VA physician would be as good or better than the care provided by the VA; and

WHEREAS, in the unfortunate circumstance that an additional disability or death occurs due to the carelessness, negligence, lack of proper skill or error of medical judgment of a community care provider's services, paid for by the VA, the veteran or their family would not have similar recourse as veterans receiving care within the VA under section 1151, title 38, United States Code; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation that would afford veterans the same protection under section 1151, title 38, United States Code, if care rendered by a VA community care network provider (paid for by the VA), results in an additional disability or death of the veteran due to carelessness, negligence, lack of proper skill or error of medical judgment of said community care provider.

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RESOLUTION NO. 36

**Establish Studies on the Long-Term Effects of Exposure to Bisphenol A,
a Substance Found in Plastic Disposable Water Bottles**

WHEREAS, according to studies by the National Institute of Environmental Health Sciences (see www.niehs.nih.gov), plastic disposable water bottles can leach bisphenol A (BPA) (also known as phthalates) from the plastic into the drinking water when exposed to extreme or moderate heat over time; and

WHEREAS, according to studies by Johns Hopkins University researcher Dr. Rolf Halden, chemicals called phthalates are “environmental contaminants that can exhibit hormone-like behavior by acting as endocrine disrupters in human and animals”; and

WHEREAS, studies reveal heated plastics can increase the leaching of phthalates from containers into food or water, and studies further reveal that some of the common effects are cancers; and

WHEREAS, plastic disposable water bottles were used on a massive scale in Iraq, Afghanistan and other extreme-temperature locations for active-duty personnel; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to allow for additional research and studies from the National Academy of Sciences and/or other research facilities to determine the long-term health effects, to include cancers, of exposure to heated plastics and water bottles.

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RESOLUTION NO. 39

Support Enhanced Medical Services and Benefits for Women Veterans

WHEREAS, the number of women serving in our military and veteran population continues to grow, with women now comprising 10% of all veterans and 17% of our active-duty service members; and

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

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

WHEREAS, 40% of women veteran users of VA care are under the age of 45 and therefore within their childbearing years, and their gender-specific needs often represent challenges to the current model and delivery of VA health care, which has traditionally focused on men; and

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

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

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

WHEREAS, many non-VA health providers in the VA's community care network, who fill gaps in critical gender-specific services for women veterans, including mammography, maternity care and gynecology, lack the training requirements to ensure they are meeting VA quality and care standards and 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 or traumatic brain injury, or who were sexually assaulted; and

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

WHEREAS, DAV's 2018 report, *Women Veterans: The Journey Ahead*, found that the VA system still struggles to provide equitable access to women veterans, which requires adapting existing programs and facilities to meet their distinct needs in a culture that honors women's service and sacrifices and ensures that they feel safe and welcome; and

WHEREAS, DAV's 2024 report, Women Veterans: The Journey to Mental Wellness, found that women veterans face unique risk factors like military sexual trauma, intimate partner violence, substance use disorder and reproductive mental health challenges, leading to a higher suicide rate compared with civilian women peers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks to ensure the provision of health care services and specialized programs, inclusive of gender-specific services, by the VA to eligible women veterans is provided to the same degree and extent that services are provided to eligible male veterans, inclusive of counseling and/or psychological services incident to combat exposure, intimate partner violence or sexual trauma; AND

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

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RESOLUTION NO. 40

**Support Legislation to Grant the President, Vice President and Members of Congress
the Privilege to Use the Veterans Health Care System and to Receive Their Care
Exclusively From the Department of Veterans Affairs**

WHEREAS, even though veterans health care is funded through an advance appropriation, it is still at the discretion of Congress to provide the level of funding necessary for the veterans health care system to meet the medical care needs of ill and injured veterans; and

WHEREAS, despite the increases in funding for the Department of Veterans Affairs (VA) health care system over the past decade, veterans often have difficulty accessing the care they need in a timely manner; and

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

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

WHEREAS, 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 freest nation on earth, where our citizens enjoy unequaled rights, privileges and prosperity; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to grant the President, Vice President and members of Congress the privilege to use the veterans health care system and to receive their care exclusively from the VA.

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RESOLUTION NO. 41

**Provide Comprehensive Dental Care to All Service-Connected Disabled Veterans
Within the Department of Veterans Affairs Health Care System**

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

WHEREAS, the Department of Veterans Affairs (VA) health care system is mandated under section 1712, title 38, United States Code, to provide outpatient dental services to veterans rated 100% service-connected, to veterans who were held as prisoners 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 that further jeopardize their health, are progressive and cumulative, become more complex over time, can affect economic productivity, 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 Phoenix, Arizona, August 3–6, 2024, supports legislation to amend title 38, United States Code, to provide outpatient dental care to all enrolled service-connected disabled veterans.

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RESOLUTION NO. 42

Ensure Sufficient Access to Care to Meet the Health Needs of Veterans Residing in Rural or Remote Areas

WHEREAS, 44% of active-duty service members identify rural or highly rural areas as their home of record, and 33% of all veterans enrolled in the Veterans Health Administration (VHA) live in rural areas; and

WHEREAS, many rural areas are designated by the Health Resources and Services Administration as Health Professional Shortage Areas for primary care, mental health and dental care or for any combination of these practice areas; and

WHEREAS, 56% of all rural veterans are enrolled in VHA, and rural veterans are older (57% of all enrolled rural veterans are elderly), poorer (52% are low income), sicker and less likely to have internet access (36% have no internet); and

WHEREAS, about half of Department of Veterans Affairs (VA) community-based outpatient clinics are sited in rural areas; VA rural health and enterprise-wide initiatives have impacted close to a million veterans; VHA telehealth initiatives have served 84,500 enrolled veterans; and the VA's Office of Rural Health has funded 450 projects in rural areas, including broadband and transportation programs, and trained 1,400 medical students in rural health; and

WHEREAS, the VA's Office of Rural Health has identified strategies for improving health care for rural veterans, including identifying more opportunities to collaborate with government agencies such as the Native American Health Services Research Administration and the Indian Health Service; and

WHEREAS, Public Law 115-182, the VA MISSION Act of 2018, includes access standards that will enable many rural veterans to use care from community partners that may not have the veteran-specific expertise to which VHA patients are accustomed; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, fully supports the right of rural veterans to be served by the VA to the maximum extent practicable, but urges the VA to develop training materials and conduct training and outreach to its community and federal partners in rural areas to ensure that these providers understand veteran-specific exposures, risks and evidence-based practices to best address their needs; AND

BE IT FURTHER RESOLVED that the VA continues to overcome barriers to care for rural veterans by continuing to improve access to telehealth initiatives and assisting veterans with transportation and travel.

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RESOLUTION NO. 43

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 it 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 44

**Support the Expansion of Stellate Ganglion Block Research and Implementation
to Treat Post-Traumatic Stress Disorder**

WHEREAS, every June is designated as National Post-Traumatic Stress Disorder Awareness Month to help raise public awareness, reduce the associated stigma and help ensure that those individuals suffering from the invisible wounds of war promptly receive proper treatment; and

WHEREAS, the Department of Veterans Affairs (VA) reports that approximately 29%, 21% and 10% of service members and veterans that served in Operation Iraqi Freedom or Operation Enduring Freedom, the Persian Gulf War, and the Vietnam War, respectively, have had post-traumatic stress (PTS) at the time of the study; and

WHEREAS, both government and nongovernmental organizations have made significant advances in the identification, prevention, diagnosis and treatment of PTS; and

WHEREAS, one of the most promising PTS treatments is stellate ganglion block (SGB), and the VA Long Beach Healthcare System in California and the VA Center for Compassionate Care Innovation (CCI) are leading an effort to offer SGB to a subset of veterans who have not experienced relief from traditional PTS treatments; and

WHEREAS, there is growing evidence that SGB may alleviate certain PTS symptoms, such as hyperarousal, exaggerated startle responses and anxiety; and it appears to calm an exaggerated “fight or flight” survival reflex in people living with PTS, which can become triggered by various events that do not warrant it; and veterans who received SGB for other health conditions like nerve pain report positive effects for their PTS symptoms, including reduced anxiety and hypervigilance; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the entire federal government to accelerate SGB research, that the VA advertise SGB in all VA facilities, and that the VA expand the CCI-led clinical demonstration nationwide.

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RESOLUTION NO. 55

Improve the Care Provided to Veterans With Service-Connected Disabilities Affecting the Ability to Procreate Through Assisted Reproductive Technology

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

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

WHEREAS, sexual functioning can also be impaired by other physical, psychological and social factors that can diminish the quality of life of veterans or service members; and

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

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

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

WHEREAS, veterans who, due to their military service, cannot procreate and require reproductive assistance have already paid a price greater than any monetary assessment and have earned the right to have a family, and it is incumbent on the VA to make them whole to every extent possible; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that would include in the VA's health benefits package the use of assisted reproductive technologies for veterans who have lost the ability to procreate due to service-related injury or illness, including any conditions that may affect fertility that were not present prior to military service and regardless of marital status or the ability to furnish one's own genetic material.

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RESOLUTION NO. 56

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 current 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, 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 1% of the VA’s health care budget, but research funding has been subjected to rescissions and rarely keeps pace with research inflation and uncontrollable costs; and

WHEREAS, the VA requires significant funding for repairs, restorations and replacements for the VA’s research laboratories, some of which involve life and safety risks for the VA employees and veteran volunteers; and

WHEREAS, significant investment in scientific computing, including cloud storage and credits, is integral to manipulate large databases to identify genomic patterns and other associations between veterans and health outcomes, including the effectiveness or adverse outcomes of treatments for a given population; and

WHEREAS, VA researchers have benefited from the richness of the electronic patient health record developed by VA clinicians for veterans and the missions they serve and must preserve this unique resource as the VA undertakes a major modernization effort; and

WHEREAS, dedicated resources to the development, operations and maintenance of information technology proportional to the resources provided the VA Medical and Prosthetic Research budget are key to sustaining a robust and vital research program dedicated to the nation's veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, strongly supports the VA's Medical and Prosthetic Research program as a vital investment in the future, affecting wounded, injured and ill veterans, and urges the VA and Congress to adequately fund this program by ensuring there is adequate eradication of infrastructure and information technology deficits so that it may continue its remarkable traditions in helping veterans recover and rehabilitate, to improve the quality of their lives.

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RESOLUTION NO. 57

Ensure Adequate Staffing of Patient Advocates in the Veterans Health Care System

WHEREAS, the Veterans Health Administration (VHA) has designated patient advocates at each Department of Veterans Affairs (VA) medical center (VAMC) to receive and document feedback from veterans or their representatives, including requests for information, compliments and complaints, and assist with clinical appeals; and

WHEREAS, VHA provided limited guidance to VAMCs on the governance of patient advocacy programs, and its guidance, a program handbook, has been outdated since 2010; and

WHEREAS, VAMCs are still expected to follow the outdated handbook, which does not provide the necessary details on governance, such as specifying the VAMC department to which patient advocates should report; and

WHEREAS, the Government Accountability Office (GAO Report 18-356) noted that the department to which patient advocates report can have a direct effect on the ability of staff to resolve veterans' complaints; and

WHEREAS, the lack of updated and complete guidance may impede the patient advocacy program from meeting its expectations to receive and address complaints from veterans in a convenient and timely manner; and

WHEREAS, VHA has also provided limited guidance to VAMCs on staffing levels for the patient advocacy program; and

WHEREAS, VHA's handbook states that every VAMC should have at least one patient advocate and appropriate support staff; however, it did not provide guidance on how to determine the number and type of staff needed; and

WHEREAS, the GAO's review stated that VHA's patient advocacy program staff had more work to do than they could realistically accomplish; and

WHEREAS, this limited guidance on staffing does not support good practices to ensure there are an appropriate number of patient advocates and support staff to address veterans' complaints in a timely manner; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports VAMC directors to ensure there is no fewer than one patient advocate for every 13,500 veterans enrolled and/or what is adequate and balanced to address all the needs of veterans in the VA health care system; AND

BE IT FURTHER RESOLVED that DAV supports the need for highly rural veterans to have access to the services of patient advocates assigned to rural community-based outpatient clinics.

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RESOLUTION NO. 58

**Support Equity in Access to Services and Benefits for Racial
and Ethnic Minority Service-Connected Veterans**

WHEREAS, veterans from minority or ethnic backgrounds are expected to comprise an increasingly large proportion of the veterans population, growing from 23.5% in 2014 to 36% by 2043; and

WHEREAS, the Veterans Benefits Administration (VBA) has been unable to provide data to demonstrate equity of access to benefits and services among racial and ethnic veterans and has not implemented repeated recommendations by the Advisory Committee on Minority Veterans to make such data available; and

WHEREAS, the Veterans Health Administration (VHA) has identified higher rates of service connection and higher utilization of mental health and substance use disorder services among minority veterans; more research is needed to understand disparate patterns of diagnosed condition rates between whites and minority veterans; and

WHEREAS, although VHA has been successful in reducing disparities in some care outcomes, it finds that disparities, often the result of social and behavioral determinants of health, including financial and nonfinancial barriers to care, remain and often result in adverse health outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges VBA to routinely report data on numbers of applications, utilization and completion of programs for veterans by racial and ethnic background and gender; AND

BE IT FURTHER RESOLVED that DAV urges the Department of Veterans Affairs to continue identifying and addressing social and behavioral determinants that may affect health outcomes in addition to barriers to health care for all service-connected veterans by minority and ethnic groups.

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RESOLUTION NO. 59

**Encourage the Department of Veterans Affairs to Submit Candidates
for the Volunteer of the Year Program**

WHEREAS, DAV created the Volunteer of the Year award program 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 Volunteer of the Year award annually recognizes the remarkable efforts of outstanding members 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 to be considered for the Volunteer of the Year award, with little response; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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. 91

**Provide Authorization for DAV to Support or Oppose Legislative Issues
Concerning Research Conducted by the Department of Veterans Affairs**

WHEREAS, the Department of Veterans Affairs (VA) conducts extensive amounts of medical research covering an extensive variety of subjects; and

WHEREAS, VA's research is generalizable to other populations who benefit; and

WHEREAS, Congress periodically has proposed legislation that impacts the VA's research; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, proposes that DAV's national legislative staff be given the dexterity and leeway to support or oppose any legislative matters that may pertain to expanding, restricting or otherwise involving the VA's ability to continue being a leader in research.

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RESOLUTION NO. 92

**Support Legislation to Allow Appeals Related to the Department of Veterans Affairs
Veterans Health Administration Community Care Program**

WHEREAS, Veterans Health Administration (VHA) regulations currently recognize and allow for access to community care in certain circumstances; and

WHEREAS, the Board of Veterans' Appeals (Board) is given the ability to review all Department of Veterans Affairs (VA) decisions other than those that involve a medical opinion; and

WHEREAS, Congress has specifically declared that the review of community care decisions shall be subject to VHA's clinical appeals process, but such decisions may not be appealed to the Board;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, proposes that DAV's national legislative staff be authorized to actively pursue the expansion of the right to appeal to include the nonclinical community care decisions (i.e., those based on any reason other than a legitimate medical opinion by a medical provider).

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RESOLUTION NO. 93

Support Legislation Directing the Department of Veterans Affairs to Research and Make Available Effective Psychedelic Compounds for Treating Mental Health Conditions and Traumatic Brain Injury

WHEREAS, post-traumatic stress disorder (PTSD) is a condition afflicting millions of veterans of all eras; and

WHEREAS, the symptoms of PTSD may inhibit everyday activities, such as working and maintaining relationships; and

WHEREAS, current treatments have not brought sufficient relief to the thousands of veterans receiving PTSD and traumatic brain injury treatment; and

WHEREAS, the only Food and Drug Administration (FDA)-approved medications to treat PTSD are the selective reuptake inhibitors sertraline and paroxetine, which were approved 20 years ago; and

WHEREAS, all other medicines used to treat PTSD are prescribed “off-label” for a condition that has not been officially approved; and

WHEREAS, MDMA-assisted psychotherapy has shown, in preliminary studies, to significantly reduce PTSD symptoms of those who participated in the studies; and

WHEREAS, the FDA has granted breakthrough status to MDMA and psilocybin for PTSD and depression, respectively, expediting pharmaceutical development and review; and

WHEREAS, the Department of Veterans Affairs (VA) announced the first study researching psychedelic compounds for the first time in 60 years to investigate the effects and potential benefits of MDMA and psilocybin on veterans; and

WHEREAS, former service members have traveled abroad for psychedelic treatments currently deemed dangerous and ineffective by the United States and have received relief; and

WHEREAS, the psychedelic compound ibogaine has been shown to effectively treat traumatic brain injury in special operations military veterans in a Stanford Medicine study conducted in Mexico; and

WHEREAS, although preliminary research is promising in treating several wartime-service-disabled mental health conditions, more research is needed to determine the efficacy and safety of psychedelic compounds; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation directing the VA to research and make available effective psychedelic compounds for treating mental health conditions and traumatic brain injury.

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RESOLUTION NO. 94

**Support Legislation to Improve and Institute Health Care Initiatives
of the Department of Defense**

WHEREAS, active-duty service members suffer many injuries, illnesses and diseases, and many will be eligible for Department of Veterans Affairs (VA) benefits and health care after service; and

WHEREAS, Department of Defense (DOD) research and new treatments can provide improvement in health outcomes and play a role in transitioning to VA health care; and

WHEREAS, the DOD is providing new initiatives in treatment for a variety of conditions, including traumatic brain injuries, mental health, toxic exposures and prostheses; and

WHEREAS, these DOD ingenuities play a pivotal role in long-term health care once service members become veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that will improve DOD health care initiatives that will impact future service-disabled veterans.

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RESOLUTION NO. 95

**Support Legislation to Expand the Current Department of Veterans Affairs
Foreign Medical Program**

WHEREAS, the Foreign Medical Program does not currently provide reimbursement for travel or lodging for service-connected veterans requiring treatment that is not available within a reasonable distance or time from their domicile to another foreign country that can provide the required medical treatment; and

WHEREAS, qualified service-connected veterans enrolled in the Foreign Medical Program require transportation and lodging during treatment of certain service-connected conditions, such as multiple dose cancer treatments and surgical outpatient procedures, requiring recovery periods greater than 24 hours before return travel to their place of dwelling can be accomplished; and

WHEREAS, certain service-connected veterans require comprehensive caregiver support to aid with activities of daily living, thus travel and lodging expenses for the caregiver should also be reimbursed; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to provide travel and lodging reimbursement to service-connected disabled veterans enrolled in the Foreign Medical Program and, when appropriate, their caregivers, for treatment of service-connected conditions requiring extended medical care or untimeliness of treatment, to include treatment of cancer and surgical procedures requiring recovery periods greater than 24 hours.

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RESOLUTION NO. 96

Enhance the Department of Veterans Affairs Caregiver Rule

WHEREAS, veterans who are permanently and totally disabled and receive compensation often encounter difficulties in maintaining their household due to physical limitations and lack of familial support; and

WHEREAS, many veterans reside in permanent living situations that may be contraindicated for their total well-being and safety, exacerbating the challenges they face in performing essential household chores; and

WHEREAS, it is imperative to expand support services to ensure that these veterans receive adequate assistance with their daily tasks, enhancing their quality of life; and

WHEREAS, the current Department of Veterans Affairs (VA) Caregiver Rule does not include provisions for nonfamilial caregivers for disabled veterans receiving compensation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, encourages the VA to enhance the Caregiver Rule to include eligibility for nonfamilial caregivers for veterans who are permanently and totally disabled, receive compensation, and reside in permanent living situations that are contraindicated for their total well-being and safety; AND

BE IT FURTHER RESOLVED that eligible veterans under this enhancement shall be provided with a nonfamilial caregiver to assist with labor-intensive household chores, including but not limited to laundry, cleaning and yardwork; AND

BE IT FURTHER RESOLVED that the VA should establish clear guidelines and procedures for determining eligibility, assessing the need for caregiver assistance and assigning appropriate nonfamilial caregivers; AND

BE IT FURTHER RESOLVED that the VA should ensure nonfamilial caregivers receive adequate training, support and compensation for their services, commensurate with the level of care required; AND

BE IT FURTHER RESOLVED that the VA should prioritize prompt implementation of this enhancement to ensure timely assistance for eligible veterans in need; AND

BE IT FURTHER RESOLVED that the VA should regularly review and assess the effectiveness of this enhancement in meeting the needs of disabled veterans and their nonfamilial caregivers and adjust, as necessary.

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RESOLUTION NO. 97

**Support Transferring Veterans' Medical Records From the Department of Defense
to the Department of Veterans Affairs System Automatically**

WHEREAS, the Department of Veterans Affairs (VA) uses the veteran's social security number and DD-214 to register the veteran in its system; and

WHEREAS, the VA would be the central location to accept transitioning medical records from the Department of Defense (DOD); and

WHEREAS, the veteran's choice of home station locale allows them to select from which VA medical center (VAMC) to seek care; and

WHEREAS, VA and DOD medical records platforms have interface capability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, recommends that all veterans have VAMC access by automatically transferring medical records from the DOD to the VA without having to register/in-process the VAMC as they transition out of the military.

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RESOLUTION NO. 119

Support a More Liberal Review of Other-Than-Honorable Discharges in Cases of Post-Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma and Other Trauma for 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 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 for Afghanistan and Iraq service members with undiagnosed traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), military sexual trauma (MST) and other trauma is twice that during the Vietnam era and nearly four times the rate of veterans during the World War II era; and

WHEREAS, in 2014, the Secretary of Defense provided policy guidance to the Military Department Boards for Correction of Military/Naval Records (BCM/NR) to give “liberal consideration” in examining requests for discharge upgrades due 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 Phoenix, Arizona, August 3–6, 2024, supports a more liberal review of other-than-honorable discharges for receiving VA benefits and health care services in cases of former service members whose PTSD, TBI, MST or other trauma contributed to their administrative discharges characterized as other than honorable.

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RESOLUTION NO. 168

**Support Effective Care for Veterans With Dementia Within
the Department of Veterans Affairs**

WHEREAS, the Department of Veterans Affairs (VA) faces a large and growing number of veterans with dementia, including Alzheimer's disease and other organic diseases of the brain; the VA has estimated 451,000 veterans are living with Alzheimer's and dementia and has projected the number of veterans living with Alzheimer's and dementia will increase by 8.4% in 2033 to over 488,000; and

WHEREAS, the risk of Alzheimer's disease and dementia is higher for populations in the VA that are already at risk for certain adverse health outcomes, including women, African Americans and those of Hispanic ethnicity, than white individual populations; and

WHEREAS, research shows that military-related exposures such as traumatic brain injury and post-traumatic stress disorder, as well as depression, are linked to an increased risk of Alzheimer's disease and other forms of dementia, and the VA estimates that as many as a quarter of new cases of dementia may be associated with these military exposures; and

WHEREAS, advanced age also disproportionately affects veterans' risk for developing dementia; and

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

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

WHEREAS, dementia is difficult to diagnose and is often missed by clinicians, and there are high levels of off-label use of antipsychotic medications, particularly in institutional settings, that may be inappropriate or even harmful for patients with dementia; and

WHEREAS, a team approach to supporting family caregivers of dementia patients by assisting them with navigating the VA's complex array of health care and financial benefits and coaching them on effective approaches to managing challenging behaviors, diversional activities and nonverbal communication has proven more effective than off-label use of antipsychotic medication; and

WHEREAS, lifestyle changes have been proven to delay or prevent disease for as many as a quarter of veterans with cognitive impairment; and

WHEREAS, the VA's Geriatric Evaluation and Management (GEM) teams, which include a memory care coordinator, may assist family caregivers with education about VA services, patient health and wellness, patient safety, and making legal and future care plans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, urges the VA to increase support and resources for improved dementia care and programming, including GEMs with a dedicated memory care coordinator at each VA medical center.

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RESOLUTION NO. 169

Urge the Department of Veterans Affairs to Provide Prompt Screening and Treatment for Veterans Exposed to Depleted Uranium and Support Additional Research Into the Long-Term Health Effects of Such Exposure

WHEREAS, the military utilized the extreme density of depleted uranium in projectiles and tank armor during the Persian Gulf War, Bosnia, and in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF); and

WHEREAS, exposure to the heavy metal depleted uranium as a result of friendly-fire incidents, cleanup and salvage operations, and proximity to burning tanks and ammunition containing depleted uranium poses hazards, including chemical toxicity to humans when internalized through ingestion inhalation, shrapnel and contaminated wounds; and

WHEREAS, millions of service members have deployed to the Southwest Asia theater of operations, and to support OEF/OIF, and the Department of Veterans Affairs' (VA's) Depleted Uranium Program, established in 1993, has assessed that thousands of veterans have been exposed to depleted uranium; and

WHEREAS, during the Gulf War, service members experience "level 1" exposure (the highest of three exposure categories as classified by the Department of Defense (DOD)) through wounds caused by depleted uranium fragments, inhalation of airborne depleted uranium, particles, ingestion of depleted uranium residues or wound contamination by depleted uranium residues; and

WHEREAS, hundreds or thousands more may have been exposed to lower exposure through inhalation of dust containing depleted uranium particles and residue or ingestion from hand-to-mouth contact or contamination of clothing; and

WHEREAS, questions remain regarding testing processes used by the DOD and VA; veterans who served in OIF had confirmed depleted uranium detected in their urine, and all had depleted uranium embedded fragments or fragment injuries; and

WHEREAS, the Institute of Medicine (IOM) Committee mandated by Congress to examine scientific and medical literature on the potential health effects of chemical, biological and radiological agents could not determine the likelihood of increased risk of adverse health outcomes among Gulf War veterans due to exposure to the agents examined in its 2000 report, due to the lack of exposure data; and

WHEREAS, the IOM Committee in its 2008 updated scientific and medical literature review regarding exposure to depleted uranium and long-term human health outcomes assigned a high priority to continue monitoring associations between exposure and several diseases and conditions; and

WHEREAS, the VA Advisory Committee on Gulf War Veterans' Illnesses recognized the limited number of research projects to examine the impact of the total exposures and experience of deployment and war on veterans' health; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to provide prompt medical screening and treatment to any veteran that may have been exposed to depleted uranium; AND

BE IT FURTHER RESOLVED that DAV supports additional research to examine the health effects of exposure to depleted uranium.

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RESOLUTION NO. 170

Change the Medical Enrollment for Korean War Veterans

WHEREAS, on November 10, 2023, the Department of Veterans Affairs (VA) announced that all World War II veterans are now eligible for no-cost VA health care; under this expansion, anyone who served between December 7, 1941, and December 31, 1946, will not have to pay inpatient or outpatient copays, enrollment fees or monthly premiums; and

WHEREAS, Korean War veterans who do not have a service-connected disability and who do not meet the means test threshold are not currently eligible for veterans health care benefits; and

WHEREAS, veterans throughout the nation, many of whom have actually been in combat, have honorable discharges or discharges under honorable conditions but are not currently eligible for VA health care; and

WHEREAS, as of 2020, the VA reported there were approximately 1 million Korean War veterans still alive, with projections suggesting that by 2030, the number of living Korean War veterans will fall below 200,000; and considering the average mortality rate for veterans of this age group, it is estimated that approximately 10–15 Korean War veterans pass away each day; and

WHEREAS, veterans who served in the Korean War should be automatically eligible for health care within the VA regardless of their income; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges Congress to change the medical enrollment criteria for the VA to include all veterans who served in the Korean War and who received an honorable discharge or discharge under honorable conditions for their service, regardless of current income status.

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RESOLUTION NO. 171

Ensure Sufficient Resources for Department of Veterans Affairs Research to Improve Care and Benefits for Veterans Exposed to Military Toxic and Environmental Hazards

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

WHEREAS, returning from war, some veterans 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 health status of veterans (and with 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, 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 Phoenix, Arizona, August 3–6, 2024, urges Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and the VA to determine validations of, and develop equitable compensation policy for, environmentally exposed veterans; AND

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

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

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



RESOLUTION NO. 175

**Support Congressional Funding for the Creation of a Department of Veterans Affairs
National Rehabilitative Special Events Office**

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 Phoenix, Arizona, August 3–6, 2024, supports legislation to create an office within VHA to oversee these rehabilitative special events; AND

BE IT FURTHER RESOLVED that the VA will appropriate a budget for the national rehabilitative special events office to meet its operational needs.

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RESOLUTION NO. 176

Ensure Protection and Expansion of Rights and Responsibilities of Veterans Health Administration Patients

WHEREAS, the Veterans Health Administration (VHA) integrated health care systems includes 170 medical centers and nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and domiciliaries; and

WHEREAS, comprehensive care is provided to over 9.1 million veterans each year by the collective effort of these health care facilities and the over 53,000 independent licensed health care practitioners who work within them; and

WHEREAS, the Department of Veterans Affairs (VA) will provide veterans with personalized, patient-driven, compassionate, state-of-the-art care and make veterans' experience as positive and pleasant as the VA can; and

WHEREAS, the veterans will be treated with dignity, compassion and respect and will not be subject to discrimination for any reason, including for reasons of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression, and consistent with federal law, VA policy and accreditation standards; and

WHEREAS, VHA sets forth the policy and responsibilities for handling clinical appeals for program-specific considerations for community care, caregivers, dental care, and transgender and women's health; and

WHEREAS, many veterans receive care in both community settings and the VA; and

WHEREAS, the primary reasons veterans reported for using both VA and community care were (1) for convenience, (2) to access needed services and (3) to get a second opinion; and

WHEREAS, patients seeking a second opinion seek to gain more information or reassurance about their diagnosis or treatment; and

WHEREAS, while many second opinions confirm the original diagnosis or treatment, discrepancies in opinions had a potential major impact on patient outcomes in up to 58% of cases; and

WHEREAS, the patient's bill of rights does not specifically address nor support the process of second opinions for VA direct care or the community care network; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to update the patient's bill of rights to allow veterans and any person the veteran chooses to be involved in all decisions about the veteran's care to be able to exercise the right to a second opinion; AND

BE IT FURTHER RESOLVED that, upon request for a second opinion, a referral must be made available to another provider and, if the facility does not have an additional clinician, then referral should be made to the community care network; AND

BE IT FURTHER RESOLVED that all costs related to obtaining the second opinion, including travel reimbursements for the veteran, be paid in full by the VA.

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RESOLUTION NO. 177

Support Changes to Highly Rural Transit Grant Requirements

WHEREAS, the current Department of Veterans Affairs (VA) policy states that a veteran may be eligible for beneficiary travel services if one or more of the following criteria are met; the veteran:

- Has a service-connected rating of 30% or more;
- Is traveling for treatment of a service-connected condition;
- Receives a VA pension, or income does not exceed the maximum annual VA pension;
- Is traveling for a scheduled compensation or pension exam;
- Has vision impairment, spinal cord injury or disorder, double or multiple amputation, or enrollment in VA rehab programs; and

WHEREAS, the VA has modified where medical treatment can be provided based on distance from a VA medical facility; and

WHEREAS, in rural areas, there has been no subsequent adjustment in travel for medical care at the VA, community-based outpatient clinic (CBOC) or care in the community; and

WHEREAS, service-connected veterans below 30% disability deserve the same right to transportation for medical care as those that are service-connected at 30% or more; and

WHEREAS, it has been shown that the current transportation system has proven to be almost noneffective in rural areas (and some urban areas); and

WHEREAS, there are shortages of volunteer drivers, inadequate Americans with Disabilities Act (ADA)-compliant VA vans (for mobility impaired/handicapped) and too few VA Veterans Transportation Service (VTS) vehicles; and

WHEREAS, over 75% of ridership in urban areas is on VA VTS vehicles and only 25% by DAV vans, which are non-ADA compliant in rural areas; and

WHEREAS, early prevention and intervention could improve the veteran's medical outcomes, by having timely access to the VA health care system; and

WHEREAS, allowing service-connected disabled veterans to be more proactive in their care will allow the VA medical team to catch medical issues before they become more serious; and

WHEREAS, in rural areas, travel costs are prohibitive; and

WHEREAS, the current VA transportation system does not work in rural areas; and

WHEREAS, the VA transportation system does not meet the requirements of the ADA; and

WHEREAS, in rural areas, most volunteer drivers are over the age of 65 and are not trained to handle medical emergencies; and

WHEREAS, due to age, volunteer drivers are physically incapable of rendering medical assistance; and

WHEREAS, the veterans being transported are more likely in a higher risk category and the VA vans are not equipped with automated external defibrillators; and

WHEREAS, in rural areas, VTS transportation trips cannot be over 250 miles round trip and exceed eight hours; and

WHEREAS, veterans that are less than 30% service-connected disabled who live in rural areas are not reimbursed for travel; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to modify and expand the definitions of eligibility for transportation and travel reimbursement needs; AND

BE IT FURTHER RESOLVED that eligibility for veterans be expanded for beneficiary travel services if the following criteria are met:

- Has a service-connected rating of 0% or more;
- Receives a VA pension, or income does not exceed the maximum annual VA pension rate,
- And is traveling for a scheduled compensation of pension,
- Is traveling for a treatment approved and scheduled by the VA at a VA medical facility, a CBOC or an approved care in the community appointment; AND

BE IT FURTHER RESOLVED that the VA must expand its transportation system with affiliates and local community partners, to include ADA-compliant modes of transportation.

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RESOLUTION NO. 193

Support Modernizing Department of Veterans Affairs Health Care Infrastructure

WHEREAS, the Department of Veterans Affairs' (VA) primary mission is to meet the needs of ill, injured and disabled veterans through inpatient hospital care, outpatient primary and specialty care, and long-term care, which is best accomplished through facilities operated by the VA exclusively to benefit veterans; and

WHEREAS, the VA operates the largest integrated health care system in the United States, with over 9 million enrolled veterans, and annually provides medical care to over 7 million veteran users; and

WHEREAS, the VA operates over 170 medical centers, almost 1,400 community-based outpatient clinics (CBOCs), over 100 nursing homes known as "community living centers," over 300 readjustment counseling Vet Centers and other facilities that deliver health care to veterans; and

WHEREAS, the majority of the VA's medical centers are over 60 years old and were designed and built under an outmoded model of health care delivery based on centralized hospital inpatient episodes of care; and

WHEREAS, the VA must continue modernizing its health care system to meet veterans' current and future health care needs, enhance access to its system of care, and optimize its use of federal resources; and

WHEREAS, the VA's Strategic Capital Investment Planning (SCIP) program estimates it could require \$70 billion over the next 10 years to maintain the VA's existing health care facilities and expand capacity to meet rising demand for care; and

WHEREAS, there has been a consistent pattern over many years of the VA requesting, and Congress appropriating, far less than the level of funding required to maintain the VA's health care infrastructure based on SCIP estimates; and

WHEREAS, the current budget and appropriations process is not conducive to fully funding the VA's health care infrastructure needs; and

WHEREAS, congressional budget rules have made it difficult to renew or sign new leases for CBOCs, threatening the VA's timely delivery of health care; and

WHEREAS, the VA needs to assess all its health care facilities and develop a plan to strengthen, expand and realign them to more effectively deliver health care in the future; and

WHEREAS, the VA will only be successful if it develops a long-term infrastructure plan in consultation and collaboration with veterans service organization (VSO) stakeholders; and

WHEREAS, there is a history of ineffective VA management and congressional oversight of VA health care construction projects that requires fundamental reforms to streamline the approval, management and oversight processes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports modernization of the VA’s health care infrastructure and urges the VA to request, and Congress to approve, at minimum the level of infrastructure funding the VA’s SCIP process estimates is required; AND

BE IT FURTHER RESOLVED that Congress should carefully monitor any proposed changes in the VA’s infrastructure that could jeopardize the VA’s ability to meet veterans’ needs for primary and specialized VA health care and rehabilitative services or that would threaten the VA’s medical education, biomedical research or national emergency missions; AND

BE IT FURTHER RESOLVED that the VA must develop a long-term infrastructure plan in consultation with VSOs that ensures the VA remains the primary provider and the coordinator of care for enrolled veterans; AND

BE IT FURTHER RESOLVED that Congress should examine new models for funding VA infrastructure to guarantee that adequate funding is readily available to maintain existing and build new health care facilities; AND

BE IT FURTHER RESOLVED that the VA and Congress should reform and streamline the approval, management and oversight of construction projects to more quickly deliver health care facilities and more efficiently use appropriated funding.

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RESOLUTION NO. 194

**Ensure a Safe, Secure and Effective Electronic Health Record for Veterans
That Allows the Department of Veterans Affairs to Fulfill Core Missions
of Patient Care, Research and Training**

WHEREAS, the Department of Veterans Affairs (VA) is engaged in a multibillion-dollar, decade-long rollout of an “off-the shelf” electronic health record through Cerner Corporation that is interoperable with military, Centers for Medicare & Medicaid Services (CMS), and some private sector health records, which will largely replace the Veterans Health Information and Technology Architecture (VistA) and its current computerized patient record; and

WHEREAS, interoperability with its community care providers, including its academic affiliates and partners in military treatment facilities, has been a longtime goal of the VA, allowing it to become more integrated with its increasingly diverse network of federal and community health care providers by allowing more timely referrals, transfer of medical records, diagnostic and laboratory testing, pharmaceutical data and billing information; and

WHEREAS, another goal of the modernization project is to create a longitudinal patient record for veterans, which incorporates military records including exposures and medical records during service; and

WHEREAS, veterans and their families would benefit from better means of scheduling their own appointments and access to real-time information about their health in a timely and secure manner; and

WHEREAS, the VA has experienced significant challenges in the initial phases of the rollout—patients have been endangered because the new records do not accurately capture data about prescribed medication and other key data—and the difficulty of implementing the new records has caused staff fatigue and low morale at the pilot site; and

WHEREAS, VA researchers have expressed concerns about losing access to the richness of the data captured in the VA’s computerized medical record, which has allowed them to identify and explore unique issues and trends in veterans’ health; and

WHEREAS, recent reports indicate the VA must improve cybersecurity to ensure veterans’ private health records and data are protected from illicit use; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges caution in ensuring that the VA’s new information technology architecture allows it to fulfill all of its core missions—maintaining patient safety should be the foremost concern as the system is updated, but adequate staff support and training is also critical now; AND

BE IT FURTHER RESOLVED that the VA must continue its modernization effort in a manner that ensures personal data is secure but accessible to veterans to allow them to be partners in their health care.

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RESOLUTION NO. 195

Oppose Recovery of Third-Party Payments for Service-Connected Disabilities

WHEREAS, the primary mission of the Department of Veterans Affairs (VA) health care system is to provide high-quality medical care to veterans eligible by 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 Phoenix, Arizona, August 3-6, 2024, 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.

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RESOLUTION NO. 196

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 impede service-connected disabled veterans who rely on the VA to receive timely, high-quality, veteran-centric medical care; and

WHEREAS, the VA's Office of Inspector General (OIG) annually determines and reports on clinical and nonclinical occupation shortages within the Veterans Health Administration (VHA); and

WHEREAS, the VA OIG's report for fiscal year (FY) 2022 (IG Report 22-00722-187) indicates that every VA medical center surveyed reported at least one severe staffing shortage; and

WHEREAS, the two most common critical occupation shortages identified for FY 2022 were medical officers and nurse occupations; and

WHEREAS, the remaining clinical shortages were practical nurses, psychologists, psychiatry service, medical technologists and primary care positions; and

WHEREAS, shortages in nonclinical personnel such as custodians, medical support assistants, police officers, food service and general engineers may also affect operations; and

WHEREAS, health care professionals undergoing separation from the armed services are aware of many of the health care challenges of veterans and have worked within a large federal health care system; and

WHEREAS, there is a nationwide shortage of qualified doctors, nurses and specialists, particularly in rural areas, because the VA must compete with other health care providers to recruit and retain the best and brightest clinical staff, and the federal hiring process for clinical staff remains lengthy and convoluted; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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 compete with the private sector; AND

BE IT FURTHER RESOLVED that DAV urges the VA to consider campaigns to target service members in health care and other appropriate occupations separating from the military and develop systems for expedited hiring and credentialing to onboard them.

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RESOLUTION NO. 197

Support Improvements in Provider Training and Beneficiary Travel Benefits for Veterans Seeking Specialized Treatment Programs and Care for Military Sexual Trauma

WHEREAS, the Department of Defense Sexual Assault Prevention and Response Office (SAPRO) reported an increase of 1% with service members who experienced sexual assault in fiscal year (FY) 2022 from 2021; and

WHEREAS, the growing prevalence of sexual assault in the military is alarming and often results in lingering physical, emotional or chronic psychological symptoms in assault survivors; and

WHEREAS, both women and men enrolled in the Department of Veterans Affairs (VA) health care system report they had experienced military sexual trauma (MST); and

WHEREAS, each VA medical center has an MST coordinator who can assist veterans in identifying specialized residential and outpatient counseling programs and evidence-based treatments for MST survivors within VA medical centers, clinics and Vet Centers—regional offices also have an MST outreach coordinator to assist survivors with filing claims for conditions related to MST; and

WHEREAS, based on VA clinical determinations, some veterans request or are referred to VA medical facilities other than their local facilities or closest Veterans Integrated Service Network to receive the specialized care they need; and

WHEREAS, the VA's current policy in beneficiary travel permits reimbursement to a veteran only from a veteran's home of record to the nearest VA facility by road mileage, whether 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 obstruct access to that resource or force an MST survivor to self-pay travel costs 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, the VA offers MST-related training and has produced clinical practice guidelines and formulated evidence-based treatments and states that its mental health providers who treat MST survivors complete specialized training to treat such patients; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls on the VA to authorize beneficiary travel to distant VA medical centers for veterans seeking specialized MST care; AND

BE IT FURTHER RESOLVED that DAV calls upon Congress to grant authority for beneficiary travel to Vet Centers for such purposes, to ensure all MST survivors gain access to the specialized treatment programs and services they need to fully recover from sexual trauma that occurred in

military service and are enabled to choose gender-exclusive treatment options, including their preferred sex of provider, to the maximum extent possible; AND

BE IT FURTHER RESOLVED that DAV supports legislation to require all VA providers offering MST-related treatment, in addition to providers in the Veterans Community Care Program offering such care, to receive specialized training in addressing the needs of individuals who have experienced sexual assault; AND

BE IT FURTHER RESOLVED that DAV urges the VA to continually improve its MST treatment programs and ensure dissemination of MST evidence-based clinical practice guidelines throughout the VA health care system.

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RESOLUTION NO. 208

Support and Enhance Maternity Care Coordination

WHEREAS, maternity services covered by the Department of Veterans Affairs include full exams and lab tests, neonatal education and screenings, obstetrical ultrasounds, genetics testing and specialty consults, prescription drugs, labor and delivery, lactation support, social work, mental health, and maternal care up to 12 months postpartum; and

WHEREAS, a maternity care coordinator can help women veterans coordinate their care and other health care needs, to include specialty care needs during their pregnancy, to a community care network; and

WHEREAS, it is common health care knowledge that various health care problems, such as congenital birth defects, adverse enzymatic reactions, pulmonary and cardiac issues, often do not manifest themselves in the first seven days of life; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the provision of pediatric health care for newborns of female veterans until they are 12 months old, enabling access to federal and state programs for comprehensive and coordinated services for them, their mothers and their families.

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RESOLUTION NO. 210

**Support the Return of Travel Claim Kiosks to All Department of Veterans Affairs
Hospitals, Clinics and Medical Buildings**

WHEREAS, in November 2020, the Department of Veterans Affairs (VA) transitioned from travel reimbursement kiosk machines at VA medical facilities to the beneficiary travel self-service system (BTSSS) computer-based program nationwide; and

WHEREAS, BTSSS, a web-based system created in September 2016, was intended to automate the travel reimbursement claims process, reduce long-term costs and decrease the risk of improper payments; and

WHEREAS, veterans were required to utilize the new travel reimbursement website; and

WHEREAS, despite the new program and the hope for a more streamlined process, the changes failed to meet intended goals, resulting in veterans experiencing slow claims processing; and

WHEREAS, the Office of Inspector General attributes the Department's goal of veteran utilization of the new system falling far short to the lack of solicitation of feedback from veterans and veterans service organizations prior to implementation; and

WHEREAS, not all veterans have access to personal computers, laptops, tablets, smartphones or adequate bandwidth at home, and many veterans do not have familiarity or are uncomfortable with using online web-based technology; and

WHEREAS, not getting reimbursed puts a financial burden on a demographic that is already often financially challenged; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, requests that the VA reinstall kiosks at all medical locations to ease the barriers and delays to receiving the travel reimbursements that they are qualified to receive.

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RESOLUTION NO. 211

Ensure All Veterans Have Access to Health Care

WHEREAS, many times a service member that is leaving the military goes from full medical support to no medical care at all; and

WHEREAS, having the right to continue receiving medical care, even for a limited amount of time, will assist in the transition to private life; and

WHEREAS, without this care, many veterans will fall through the cracks in our country's safety net, which adds to the mental health issues they already face; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports all military service personnel with an honorable discharge being eligible to receive their health care through the Department of Veterans Affairs immediately after discharge from service; AND

BE IT FURTHER RESOLVED, if necessary, if the service member has exceeded the means testing limit, reasonable copays could be applied.

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RESOLUTION NO. 212

Support Standardized Testing for Ovarian Cancer

WHEREAS, currently, within standard medical practice, testing for a variety of ovarian cancers can be done through the Risk of Ovarian Malignancy Algorithm (ROMA) test procedure; and

WHEREAS, the ROMA test is a diagnostic tool used to assess the likelihood of ovarian cancer or a benign disease in women with a mass in their ovaries; and

WHEREAS, patients with a high ROMA score may be referred to gynecologic oncologists, which can lead to better surgical outcomes and survival rates; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, requires that all laboratories within the Department of Veterans Affairs health care system have this test available to identify and refer veterans for such malignancies for appropriate care for benign disease.

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RESOLUTION NO. 223

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, veterans continue to be diagnosed with substance use disorder within the Department of Veterans Affairs (VA), but specialized care for these diagnoses is not yet provided to all; and

WHEREAS, trends in opioid abuse had been improving prior to the pandemic, but the Centers for Disease Control and Prevention estimates deaths from overdoses of opioids, especially synthetic non-methadone products such as fentanyl, increased for all Americans by at least 30% during the pandemic; 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 VA national study showed that 40% of VA outpatients reported hazardous use of alcohol and 22% reported full alcohol abuse, but only 31% of the respondents reported being counseled about alcohol use and fewer referred to care; and

WHEREAS, substance abuse increases risk for suicidal behavior in veterans, especially in women; and

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

WHEREAS, veterans are at risk for post-traumatic stress disorder (PTSD) and an array of other medical and psychological conditions, which may be associated with veterans' increased use of substances; and

WHEREAS, the VA offers evidence-based treatment for substance use disorders, including stepped care and medication-assisted withdrawal for opioid abuse, but few integrated treatment programs 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 to effectively treat substance use disorders; and

WHEREAS, few locations may offer gender-exclusive care options that may be conducive to recovery for veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports program improvement and enhanced resources for VA substance use disorder programs, including gender-exclusive options for veterans who prefer them, to achieve a full spectrum of evidence-based accessible and available treatment; AND

BE IT FURTHER RESOLVED that this treatment must include identification of effective evidence-based psychotherapeutic programs for veterans with comorbid mental health and substance use disorder conditions, regardless of their place of residence.

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RESOLUTION NO. 224

Support Program Improvement and Enhanced Resources for Department of Veterans Affairs Mental Health Programs and Suicide Prevention

WHEREAS, Department of Veterans Affairs (VA) research indicates that rates of suicide among service members and veterans are significantly higher than for age-adjusted cohorts in the civilian population, with an average of 17.5 veterans a day committing suicide in 2022; and

WHEREAS, veterans are more likely to commit suicide than their civilian counterparts, while the risk for suicide among female veterans was higher compared with civilian adult females; and

WHEREAS, the VA has made suicide prevention its top clinical priority and developed a national strategy using a public health model to provide population-based initiatives to veterans who use VA health and those who do not and created a crisis intervention hotline, employing suicide prevention coordinators and developing a clinical algorithm to detect veterans with the most risk factors for suicidal ideation or suicide; and

WHEREAS, addressing the underlying conditions that may increase the risk of suicide requires a multidisciplinary, comprehensive mental health program that identifies, screens, diagnoses and treats veterans with evidence-based protocols in a manner that is recovery-oriented, patient-centered, culturally sensitive, and strives to tailor care to factors such as ethnic background and gender to ensure treatment engagement; and

WHEREAS, VA front-line staff often lacks the skills to effectively manage crises and de-escalate situations with veterans with mental health disorders; and

WHEREAS, the most recent eras of veterans have demonstrated high reliance upon the VA and higher utilization of mental health and substance use disorder services; and

WHEREAS, eligibility for mental health care has been expanded to all service members within their first year of separation from the military and to emergency mental health care for those veterans who may have discharges characterized as other than honorable; and

WHEREAS, the VA reports that veterans of these recent eras have sought care for a wide range of medical and psychological conditions, including mental health conditions, such as adjustment disorder, anxiety, depression and post-traumatic stress disorder (PTSD); and

WHEREAS, over 1.7 million veterans received specialized mental health care from the VA; and

WHEREAS, the VA has improved access to mental health services at over 800 community-based outpatient clinics, but such services still are not readily available at all sites; and

WHEREAS, we remain concerned about the capacity in specialized PTSD programs and the availability of a full continuum of VA substance use disorder services from inpatient detoxification to long-term residential treatment beds; and

WHEREAS, although additional funding has been dedicated to enhancing and improving capacity in these programs, VA mental health providers continue to express concerns about sustained resources to support, and consequent rationed access to, these specialized services; and

WHEREAS, the Department of Defense and the VA share a unique obligation to meet the health care needs, including mental health care and rehabilitation needs, of veterans who are suffering from readjustment difficulties as a result of wartime service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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; AND

BE IT FURTHER RESOLVED that VA security officers and other front-line staff receive training in crisis management and de-escalation techniques, including safely restraining patients who have mental health crises on campus.

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RESOLUTION NO. 227

Support State Veterans Home Program

WHEREAS, the State Veterans Home program is a partnership between the federal government and the states to provide long-term care for aging, ill and disabled veterans; and

WHEREAS, there are more than 150 State Veterans Homes in all 50 states and in Puerto Rico, which provide skilled nursing care, domiciliary care and adult day health care (ADHC) daily to almost 30,000 veterans and their dependents; and

WHEREAS, State Veterans Homes provide Department of Veterans Affairs (VA)-supported skilled nursing beds for veterans while receiving the VA's budget for skilled nursing care; and

WHEREAS, the VA provides a per diem payment that is authorized to cover up to 50% of the cost of care for skilled nursing care provided to veterans with service-connected disabilities rated 60% or lower and pays the full cost of skilled nursing care for veterans with 70% or higher service-connected disabilities or who require nursing home care for service-connected disabilities; and

WHEREAS, the VA also provides lower per diem payments for eligible veterans receiving domiciliary care and ADHC in State Veterans Homes; and

WHEREAS, some State Veterans Homes also provide specialized care for veterans with severe mental health, behavioral and memory issues; and

WHEREAS, under the State Home Construction Grant Program, the federal government provides grants to cover up to 65% of the cost to construct, expand, rehabilitate or repair a State Veterans Home, with states required to match a minimum of 35% of the cost; and

WHEREAS, lessons learned from the COVID-19 pandemic demonstrated the advantages of modern nursing home designs that provide veterans with single rooms in smaller communal facilities, which can improve safety during health emergencies such as the COVID-19 pandemic, as well as improve their quality of life through greater social interaction; and

WHEREAS, the costs to construct and operate more modern designs of State Veterans Homes are higher than for traditionally designed nursing homes; and

WHEREAS, a fiscal year 2019 regulation (RIN 2900-AO88) changed the rules and requirements for operating domiciliary care and ADHC programs, which increased the cost of these programs without providing commensurate increases from VA per diem support; and

WHEREAS, recognizing the growing number and needs of aging veterans, including those with mental health, behavioral and memory issues, the State Veterans Home program must continue to be a major partner with the VA in meeting the long-term care needs of aging veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, calls on Congress and the VA to provide sufficient funding to support State Veterans Homes, including adequate per diem payments for skilled nursing care, domiciliary care and adult day health care, which properly support different levels of care within each program; AND

BE IT FURTHER RESOLVED that DAV supports sufficient funding for the State Home Construction Grant Program, to include adequate funding to support renovations of existing and construction of new State Veterans Homes using more modern designs; AND

BE IT FURTHER RESOLVED that Congress and the VA should explore additional innovative programs to partner with State Veterans Homes to address the lack of options for aging veterans with severe mental health, behavioral and memory issues.

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RESOLUTION NO. 228

**Support the Veterans Health Administration to Increase Hiring
of Critical Care Professionals**

WHEREAS, the Veterans Health Administration (VHA) far exceeded its hiring goals in fiscal year (FY) 2023; however, the Department of Veterans Affairs has fallen short in hiring Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs); and

WHEREAS, CNAs are considered the backbone of nursing; working together with registered nurses and LPNs, these health care workers often provide the majority of hands-on, day-to-day care duties; and

WHEREAS, VHA must hire 45,000 nurses over the next two years to keep up with attrition and growing demand for veterans care; and

WHEREAS, VHA must continue to make use of the workforce provisions Congress has approved in recent years to achieve that goal, with greater emphasis being placed on targeting hiring for needed LPNs and CNA positions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the continuation of aggressive recruiting strategies to fill all pending clinical care and support vacancies throughout VHA.

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RESOLUTION NO. 233

Repeal Beneficiary Travel Deductible for Service-Connected Disabled Veterans and Increase Reimbursement Rates

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

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

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

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

WHEREAS, it is grossly unfair for the VA Secretary to impose the deductible upon service-connected disabled veterans seeking treatment for service-connected conditions and service-connected veterans rated 30% or more when traveling in connection with any disability; and

WHEREAS, adequate travel expense reimbursement is directly tied to access to care for many veterans and is not a luxury; and

WHEREAS, the VA, in consultation with the Administrator of General Services, the Secretary of Transportation, the Comptroller of the United States and representatives of veterans service organizations, is required to conduct periodic investigations on the actual cost of travel incurred by veterans traveling to and from VA facilities for covered purposes; and

WHEREAS, after analyzing and adopting the findings of an Internal Revenue Service 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, as of 2024, is 67 cents per mile; and

WHEREAS, the VA continues to maintain that increasing veterans' beneficiary travel reimbursement rates 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, but service-connected veterans should not shoulder the burden of receiving either medical care or adequate beneficiary travel payments; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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 GSA 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. 234

Address Social Determinants to Promote Health Equity Among Veterans

WHEREAS, social determinants including health behaviors (30%), social and economic factors (40%) and physical environment (10%) are understood to affect about 80% of the variance in health outcomes for all people, while clinical care is only responsible for 20%; and

WHEREAS, in recognition of the importance of social determinants in affecting health, starting in fiscal year 2022, the classification for disease codes (ICD-10) will permit social determinants of health to be coded as the primary diagnosis for outpatient visits; and

WHEREAS, the World Health Organization defines social determinants of health as “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems”; and

WHEREAS, the Department of Veterans Affairs (VA) has programming, services and benefits available to address many of the social determinants that affect veterans’ health outcomes; and

WHEREAS, such wraparound programs include compensation for service-connected disabled veterans; housing and safety net programming, including pension, for low-income veterans; support for caregivers of certain veterans; education, vocational rehabilitation and job training; and health and mental health care services for eligible veterans, including case management or care coordination for certain veterans; and

WHEREAS, the Veterans Health Administration’s Office of Health Equity espouses a vision “to champion the advancement of health equity and reduction of health disparities and to ensure appropriate individualized care to each Veteran”; and

WHEREAS, the VA should strive for equity in all programming to be measured by disaggregating such data by sex, minority, ethnicity and LGBTQ+ status on applications for, awards for and utilization of its programs and services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, will advocate for holistic programming to address social and economic factors (income, employment, education, and family and community support), health behaviors (substance use, sexual behavior, diet and exercise) and physical environment (access to nutritional food, housing and transit) in addition to culturally relevant and personalized clinical care necessary to address health disparities among service-connected veterans.

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RESOLUTION NO. 235

**Implement a Pilot Program to Assess the Effectiveness of
Post-Traumatic Stress Growth Programs**

WHEREAS, a significant portion of veterans from all combat eras experience the chronic effects of post-traumatic stress disorder (PTSD); and

WHEREAS, without effective treatment, PTSD is associated with significant adverse consequences such as substance use disorders, family dissolution, unemployment, homelessness, involvement in the justice system and even suicide; and

WHEREAS, the Department of Veterans Affairs (VA) has developed effective programs for addressing the chronic needs of most veterans struggling with PTSD through trauma exposure-based therapies and pharmaceutical interventions; and

WHEREAS, the VA is an acknowledged world leader in developing effective care treatment of PTSD and continues to explore promising interventions; and

WHEREAS, notwithstanding the VA's use of effective treatment protocols for PTSD, there are high rates of dropouts in many traumatic exposure therapies, and significant numbers of veterans continue to struggle; and

WHEREAS, post-traumatic stress growth emphasizes the development of resiliency by encouraging veterans to adopt different belief systems that may improve their abilities to cope, problem-solve and find meaning in their lives after exposure to trauma; and

WHEREAS, certain post-traumatic stress growth programs, such as the U.S. Army's Comprehensive Soldier Fitness initiative—Master Resilience Training—and the Boulder Crest Warrior programs, have been associated with improved psychological health, which may be sustained for months after treatment; and

WHEREAS, these programs are often provided by trained peer counselors who may themselves be in recovery from PTSD; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to develop a pilot program to assess standardized post-traumatic stress growth programs to ensure effectiveness in achieving long-term health outcomes in meeting the needs of veterans with treatment-resistant, complex PTSD.

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RESOLUTION NO. 236

**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 and counseling and for 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, to overcome barriers to receiving VA health care and services, and 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 are 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 Phoenix, Arizona, August 3–6, 2024, urges the VA to operate an effective and efficient transportation program for all service-connected veterans and to simplify access to transportation benefits and services to receive timely and high-quality VA health care, benefits and services.

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RESOLUTION NO. 237

**Increase Veterans' Access at Department of Veterans Affairs Facilities
by Extending Coverage on Weekdays and Weekends**

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

WHEREAS, prior to the COVID-19 pandemic, VHA had made some progress to improve access to health care services as the needs and preferences of the veteran patient population evolved; and

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

WHEREAS, VHA Directive 2013-001 states Department of Veterans Affairs (VA) medical centers and community-based outpatient clinics that treat over 10,000 unique veterans per year must provide access to a full range of primary care, including women's health and mental health general outpatient services at least two hours beyond regular business hours at least once on weekdays and once every weekend; and

WHEREAS, local data, including feedback from service-connected veterans, should be used to determine which extended hours would best meet the needs of each facility's enrolled patient population; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, urges the VA to, based on local access data and patient feedback, implement extended operating hours at VHA health care facilities for services such as primary, specialty and mental health services.

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RESOLUTION NO. 246

Support Legislation to Eliminate or Reduce Department of Veterans Affairs and Department of Defense Health Care Copayments for Service-Connected Disabled Veterans

WHEREAS, through dedicated service and sacrifice to a grateful nation, service-disabled veterans have earned the right to certain benefits; and

WHEREAS, as the beneficiaries of veterans' service and sacrifice, Americans want our government to fully honor our moral obligation to care for veterans and generously provide them benefits and health care entirely without charge; and

WHEREAS, premiums, health care cost sharing and deductibles are a feature of health care systems in which some costs are shared by the insured and the insurer in a contractual relationship; and

WHEREAS, studies have found that cost sharing reduces the use of care and can have detrimental health effects for the sickest and poorest participating patients; and

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

WHEREAS, asking veterans to pay for part of the benefits a grateful nation provides for them is 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 the reduction of the federal budget deficit; and

WHEREAS, cost sharing is considered to generate revenues to replace congressionally appropriated funding for the Department of Defense (DOD) and VA health care systems; and

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

WHEREAS, Congress has forgotten or abandoned the traditional benevolent philosophy of providing free benefits to veterans as repayment for the unusual rigors, including sustaining grave injuries that require a lifetime of care, they underwent for the good of our country; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls for legislation to eliminate or reduce VA and DOD health care out-of-pocket costs for service-connected disabled veterans.

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RESOLUTION NO. 247

Urge Department of Veterans Affairs Medical Facilities to Provide Reasonable Access to Service Dogs and Guide Dogs, Including Enclosed Animal Relief Areas

WHEREAS, many veterans have service-connected conditions including visual, hearing or significant mobility impairments or mental illness for which the Department of Veterans Affairs (VA) will approve use of a service or guide dog upon completion of approved training protocols; and

WHEREAS, the VA recognizes the benefit of service and guide dogs to veterans when their use can facilitate the rehabilitation goals, increase functionality, enhance independence and improve the quality of life for certain veterans; and

WHEREAS, Veterans Health Administration (VHA) Directive 1188(1) states that it is VHA policy to permit service animals to accompany individuals with a disability to all areas of a VHA property on the same terms and conditions, and subject to the same regulations, that govern the admission of the public, while maintaining a safe environment for patients, employees, visitors and the service animal; and

WHEREAS, section 1.218, title 38, Code of Federal Regulations, and VHA Directive 1188 state the veteran is responsible for the service dog while on VHA property, and such responsibility includes providing water, food and elimination breaks for the service dog in an outdoor area; and

WHEREAS, veterans with service-connected visual, hearing and significant mobility impairments or mental illness require service and guide dogs to safely navigate VHA property to access needed benefits and services; and

WHEREAS, receiving needed medical benefits and services often requires the veteran and their service animal to remain at the VA medical facility for extended periods; and

WHEREAS, veterans must have reasonable access to safe, enclosed areas to meet the required responsibility for care and stewardship of service dogs while on VHA property for extended periods; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges that the VA carry out its policies to permit reasonable access to VA facilities by service and guide dogs to veterans consistently throughout the system; AND

BE IT FURTHER RESOLVED that Congress should enact legislation setting forth VA standards for admission to VA properties and management of service and guide animals that are equivalent to rules applicable to every other private and public structure in the United States as dictated by the Americans with Disabilities Act of 1990, as amended; AND

BE IT FURTHER RESOLVED that each VA medical center provides enclosed areas in which a service dog has access to water and a safe area for exercise and elimination.

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RESOLUTION NO. 248

Support the Rights and Benefits Earned by Service-Connected Native American and Alaska Native Veterans

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

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

WHEREAS, in evaluating the needs of federally recognized Native American and Alaska Native veterans, especially those living on tribal lands, the VA Office of Tribal Government Relations has reported great travel distances without safe and accessible transportation to VA health care services, unaffordable and unavailable housing, and a lack of local employment opportunity as pressing issues; 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, the VA executed with IHS of the Department of Health and Human Services a Memorandum of Understanding to coordinate and provide health care services, including mental health services, to Native American and Alaska Native veterans; and

WHEREAS, the VA and IHS have yet to comprehensively implement the Memorandum of Understanding; and

WHEREAS, due to lack of implementation, tribal governments do not have broad knowledge of the existence of, or commitments in, the Memorandum of Understanding and therefore have not 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 Phoenix, Arizona, August 3–6, 2024, urges the Secretary of Veterans Affairs and Secretary of Health and Human Services to ensure the Memorandum 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.

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RESOLUTION NO. 249

Expand Eligibility for the Department of Veterans Affairs to Provide Hospital Care, Medical Services and Nursing Home Care to All Veterans of World War II and the Korean War

WHEREAS, Congress enacted the Veterans Health Care Eligibility Act of 1996 to exempt veterans from the Mexican border period or World War I from having to meet requirements in order to receive Department of Veterans Affairs (VA) medical benefits; and

WHEREAS, more than 25% of the living veterans from World War II and the Korean War are not using the medical benefits they have earned because they are not deemed eligible by the VA; and

WHEREAS, Public Law 104–262 requires 0% service-connected disabled veterans to be means (income) tested in order to receive treatment by the VA at their medical facilities; and

WHEREAS, as of 2020, the VA reported there were approximately 1 million Korean War veterans still alive, with projections suggesting that by 2030, the number of living Korean War veterans will fall below 200,000; and considering the average mortality rate for veterans of this age group, it is estimated that approximately 10–15 Korean War veterans pass away each day; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges Congress to amend title 38, United States Code, to expand eligibility for the VA to provide hospital care, medical services and nursing home care to all veterans of World War II and the Korean War.

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RESOLUTION NO. 250

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, 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 a 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 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 prescheduled encounters, thus limiting travel benefits for service-connected veterans; and

WHEREAS, the VA MISSION Act (Public Law 115–182) provides veterans urgent care benefits through contracted community providers but will only pay beneficiary travel on a one-way basis, having also defined urgent care as an unscheduled visit; and

WHEREAS, VA policy also subscribes to the principle that access to appropriate primary and urgent care must ensure sufficient capacity to accommodate unscheduled “walk-in” patients; and

WHEREAS, the policy of 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 Phoenix, Arizona, August 3–6, 2024, 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. 264

Improve the Department of Veterans Affairs Distribution of Medical Information Between Facilities and Access to Any Veteran's Medical Records by Any and All Veterans Medical Facilities

WHEREAS, when veterans sign up for Department of Veterans Affairs (VA) health care, veterans become part of the country's largest integrated health care system—with nearly 1,400 care locations serving over 9 million veterans each year; and

WHEREAS, veterans receive regular care at one VA location of their choice or another, and if veterans need specialized medical treatments and services, the VA may refer them to other locations as well; and

WHEREAS, the veterans' health care team will use its electronic medical record system to coordinate veterans' care no matter where they are; and

WHEREAS, care settings may include VA medical centers, VA community-based outpatient clinics, Vet Centers, VA community living centers and other assisted-living or residential settings, and veterans' own homes; and

WHEREAS, in May 2018, the VA began a multiyear effort to implement the new federal electronic health record (EHR) across the nation; and

WHEREAS, the federal EHR will ultimately simplify the experience for veterans and their health care teams; enhance standardization across the VA; and improve interoperability between the VA, federal partners and the rest of the United States health care system; and

WHEREAS, the delay in implementing an interoperable modern health record system produces an inconsistent scheduling experience at VA medical facilities and community care partners nationwide and inability to see the broad view of veterans' medical history and service record and impedes the ability to make faster, smarter care decisions powered by data analytics that are provided by having a broad view of a veteran's medical history and service record, which ultimately impacts safe and high-quality health outcomes for our veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports and requests that a national program be implemented where all veterans facilities nationwide be able to have access to all medical records, through a centralized computer network, regardless of the veteran's chosen primary medical facility or primary care physician, in order to better serve our nation's heroes.

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RESOLUTION NO. 265

Support Recruitment of Physician Assistants in the Veterans Health Administration

WHEREAS, as veterans' demand for health care is increasing, the persistent lack of adequate health care staffing has been a major driver of longer wait times for veterans seeking Department of Veterans Affairs (VA) care; and

WHEREAS, the Veterans Health Administration's (VHA's) vacancy challenges continue; and

WHEREAS, VA medical centers (VAMCs) are experiencing an unprecedented shortage of medical personnel; and

WHEREAS, nearly a million mental health integration visits take place annually in VAMCs, and improving mental health and suicide prevention is a DAV priority; and

WHEREAS, in 2023, the VA released its National Veterans Suicide Prevention Annual Report, which stated that the suicide rate for veterans was 1.5 times the rate of nonveteran adults, and the rate for veterans younger than 34 increased, and women veteran rates rose by 24%; and

WHEREAS, VHA Directive 1165 in 2021 excluded physician assistants (PAs) as a core mental health occupation, while VAMCs have chronic shortages of mental health providers; and

WHEREAS, PAs are highly educated professionals that are licensed to diagnose, treat and prescribe medications; and

WHEREAS, PA education includes extensive training in psychiatry, with mandatory didactic and psychiatric mental health clinical rotations; and

WHEREAS, 28% of VHA PAs are veterans who are on the front lines working to address the growing demand for mental health services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges Congress to enact legislation to provide high-quality access to health care services and suicide prevention, which means it is essential to recruit and hire the most qualified health care occupations, including PAs, to meet challenges with health care access; AND

BE IT FURTHER RESOLVED that PAs shall be included in dual postings for vacancies across VHA and strategically expand the appropriate diversity of professional backgrounds in critical clinical areas of mental health, primary care, women's health care, emergency and geriatric care; AND

BE IT FURTHER RESOLVED that these critical enhancements in the VHA system involve the inclusion of PAs as a core mental health discipline in VHA mental health policies or directives; AND

BE IT FURTHER RESOLVED that the PA Health Professions Scholarship Program be expanded, and all PA residencies full-time employee equivalent be doubled, with strategic national veteran recruitment policy to support the expansion of veteran PAs.

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RESOLUTION NO. 274

Create a Three-Digit Number to Report Intimate Partner Violence

WHEREAS, military experiences, such as deployment, mental health concerns, traumatic brain injury, substance use and transition to civilian life, can have a significant impact on relationships; and

WHEREAS, the use of aggression in intimate relationships has been found to be more common among veterans who have post-traumatic stress disorder, depression, substance misuse and traumatic brain injury; and

WHEREAS, there is a National Domestic Violence Hotline number of 800-799-7233; and

WHEREAS, a collaboration with the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) created the Suicide & Crisis Lifeline as an easy-to-remember three-digit number of 988; and

WHEREAS, it is easier to remember and dial three digits rather than 10 digits; and

WHEREAS, it has been proven that a shorter time period to get to speak to someone on a helpline saves lives; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges HHS and the VA to collaborate and create a three-digit number for veterans to report intimate partner violence, similar to the creation of 988 for the Suicide & Crisis Lifeline.

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RESOLUTION NO. 278

Support a Robust, Comprehensive Rehabilitative and Research Program for Veterans With Traumatic Brain Injury

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

WHEREAS, veterans struggling with the chronic effects of combat injuries, falls, vehicular accidents, and other trauma and illnesses leading to chronic brain injury, in the most severe cases, will require a lifetime of services, including extensive rehabilitation and lifelong personal and clinical support, including neurological, medical and psychiatric services and physical, psychosocial, occupational and vocational therapies; and

WHEREAS, blast injuries were responsible for only a small portion of traumatic brain injury among post-9/11 veterans and service members, and despite significant drawdowns in those returning from deployment, workload in the poly trauma rehabilitation systems of care is projected to grow as veterans and service members continue to be exposed to falls, vehicular accidents and other acquired brain injuries that result in lasting brain damage and that the longer-term rehabilitative needs of veterans continue; and

WHEREAS, the Department of Veterans Affairs (VA) has not yet developed the programs to meet the full spectrum of longer-term needs to fill programmatic gaps the VA acknowledges in neurobehavioral rehabilitation and community reintegration or to provide assisted living or other supported housing arrangements for veterans with moderate to severe traumatic brain injuries; and

WHEREAS, the VA must also maintain programs to identify veterans with milder forms of TBI who may experience a variety of symptoms, including headaches, irritability, sleep disorders, memory problems and depression; and

WHEREAS, research demonstrates that even mild TBI may have long-term mental health and medical consequences, including a higher risk of developing dementia, and that symptoms are often comorbid with post-traumatic stress disorder, depression and post-traumatic visual syndrome that can further confound diagnosis and treatment; and

WHEREAS, generations of veterans from earlier wars and conflicts may have suffered TBI, but this injury went unrecognized or was treated as mental illness; and

WHEREAS, milder forms of TBI may not be detected immediately, and the Department of Defense (DOD) and VA have recently released a suite of cognitive rehabilitation products for veterans and service members who sustain mild to moderate TBI and have lingering cognitive impairment; and

WHEREAS, the VA maintains active research collaborations with the National Institutes of Health, the National Institute on Disability, Independent Living, and Rehabilitation Research “model centers,” and the Defense Centers of Excellence in Psychological Health and Traumatic Brain Injury and is an acknowledged world leader in research into TBI; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges Congress to authorize full payment for the VA’s Traumatic Brain Injury – Residential Rehabilitation program, to include payments for room and board that must now be made by veterans, and to look for opportunities to ensure greater expansion of the program across the nation; AND

BE IT FURTHER RESOLVED that DAV urges Congress to support permanent supported housing arrangements with specialized neurobehavioral rehabilitation for veterans with service-connected moderate to severe traumatic brain injuries; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to expand the universal screening it now provides to post-9/11 veterans to all generations of veterans and maintain resources within its poly trauma system of care to ensure their access to appropriate rehabilitation; AND

BE IT FURTHER RESOLVED that DAV urges that the VA and DOD continue to engage in TBI studies such as LIMBIC (Long-Term Impact of Military Relevant Brain Injury) research and that such research includes older veterans of past military conflicts who may have suffered similar injuries that went undetected, undiagnosed and untreated.

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RESOLUTION NO. 279

Conduct Well-Designed Studies to Determine Effectiveness of Hyperbaric Oxygen Therapy on Treatment-Resistant Traumatic Brain Injuries and Post-Traumatic Stress Disorder

WHEREAS, thousands of veterans have received treatment from the Department of Veterans Affairs (VA) for post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) or both, which are often related to their military service, but have not experienced significant or sustained improvements in health; and

WHEREAS, the Food and Drug Administration has cleared hyperbaric oxygen therapy (HBOT) as a combination treatment of increased oxygen (hyperoxia) at increased hydrostatic pressure for several types of injury indications, such as wound healing, necrotizing infections, burns, radiation injury and carbon monoxide poisoning, and its use for treating these conditions does not appear to have significant side effects for most populations; and

WHEREAS, in case studies of TBI and/or PTSD populations, HBOT has statistically significantly improved cerebral blood flow and mean scores on post-concussion symptoms (PCS), PTSD, depression and anxiety symptom checklists, as well as cognitive functioning and quality of life, but these physiological changes have not been associated with clinically significant improvements; and

WHEREAS, in 2018, the VA published its Evidence Brief: Hyperbaric Oxygen Therapy (HBOT) for Traumatic Brain Injury and/or Post-traumatic Stress Disorder, which reviewed available high-quality studies (randomized controlled trials or RCTs), in response to veterans' and other stakeholders' anecdotal reports of improvements in functionality and quality of life; and

WHEREAS, the VA's analysis found that there were no high-quality studies available on the effect of HBOT on post-traumatic stress disorder, and those available for TBI showed inconclusive benefits; and

WHEREAS, the inconsistent evidence of effectiveness and lack of significant red flags for adverse health effects have led some to call for further evidence development on the off-label use of HBOT for TBI and/or PTSD for veterans in whom standard treatments have been unsuccessful; and

WHEREAS, there is a significant need for innovative treatments for many veterans with treatment-resistant TBI and PTSD who have also expressed the desire for mental health and symptom relief that does not require the use of controlled substances that can lead to overuse and addiction; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to conduct randomized controlled trials to determine the effectiveness of HBOT for veterans with treatment-resistant PTSD and TBI; AND

BE IT FURTHER RESOLVED that should the VA determine HBOT is effective, it should determine appropriate means of making this therapy accessible to appropriate veterans.

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RESOLUTION NO. 330

**Encourage the Department of Veterans Affairs to Submit Candidates
for the DAV Scholarship Program**

WHEREAS, DAV created the DAV Scholarships program 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 awarded \$110,000 in 2023 to 10 deserving youth volunteers as a first-place \$30,000 scholarship, a second-place \$20,000 scholarship, a \$15,000 third-place scholarship, a \$10,000 fourth-place scholarship, two \$7,500 fifth-place scholarships and four \$5,000 scholarships; and

WHEREAS, at the beginning of each calendar year, DAV solicits every VA Voluntary Service program manager to nominate one deserving youth volunteer from their facility in order to be considered for one scholarship, but with little response; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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 scholarship in appreciation of their dedication to serving America's veterans through their voluntary service efforts.

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RESOLUTION NO. 331

**Establish Automatic Payment of Travel Pay for Eligible
Disabled Veterans Without Additional Barriers**

WHEREAS, certain disabled veterans are eligible for beneficiary travel pay to assist in covering the cost of travel associated with their care at the Department of Veterans Affairs (VA) or through community care programs; and

WHEREAS, the VA has mandated the veteran make a request for payment of this benefit for each instance of care in which they are eligible; and

WHEREAS, over the past several years, the VA has increased barriers for veterans to claim this benefit for which they are eligible; and

WHEREAS, the process moving online in its entirety to apply for travel pay has created significant barriers for veterans with limited access to technology, visually impaired veterans, those with cognitive issues including traumatic brain injury and many other service-connected disabled veterans; and

WHEREAS, the requirement for application for each instance of care itself creates an unnecessary barrier itself for service-connected disabled veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports implementation of a system that would initiate travel pay payment at the point of check-in for any appointment at, or facilitated through, the VA with no further barriers placed between eligible veterans and this benefit.

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RESOLUTION NO. 335

Urge the Department of Veterans Affairs to Support Comprehensive Research on Health Effects of Children of Vietnam Veterans Exposed to Agent Orange

WHEREAS, research studies reviewed by the National Academies of Science, Engineering and Medicine (NASEM) 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, NASEM 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, NASEM continues to recommend that laboratory research be conducted to characterize herbicides and their contaminants’ potential for inducing epigenetic modifications, study paternal exposure in the absence of maternal exposure, and review systematically defined clinical health conditions that are manifested later in the lives of offspring; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the Department of Veterans Affairs to conduct comprehensive research, including those recommended by NASEM, to determine the level of association between herbicide exposure and birth defects and other conditions of children of Vietnam veterans.

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RESOLUTION NO. 336

Support Sustained and Sufficient Funding to Improve Services for Homeless Veterans

WHEREAS, compared with nonveterans, veterans are at higher risk of homelessness, and women veterans especially face unique challenges that increase their risk of homelessness; and

WHEREAS, many veterans experience post-deployment readjustment conditions such as post-traumatic stress disorder, substance use disorders acquired during or worsened by their military service, or traumatic brain injuries that may make their participation in the workforce difficult or impossible, making them more prone to homelessness; and

WHEREAS, the Department of Veterans Affairs' (VA's) specialized homelessness programs each year provide health care to homeless veterans and other services to veterans; and

WHEREAS, with greater numbers of women serving in military deployments and the greater likelihood of women veterans being single parents, new and more comprehensive housing and child care services are needed; and

WHEREAS, a wide variety of public and private programs are in place to assist veterans in preventing or overcoming chronic homelessness, but these programs are often underfunded; and

WHEREAS, the VA initiatives to end homelessness among veterans through enhanced collaboration with other federal, state, faith-based, veterans service organization and community partners have made significant inroads in decreasing homelessness among veterans; and

WHEREAS, annual point-in-time counts, a "snapshot" of homelessness on any night in America, have demonstrated downward or stable trends in homelessness since 2009 but have not yet registered the economic or psychosocial impact of quarantine and lockdowns related to the COVID-19 pandemic; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges Congress to sustain sufficient funding to continue to support the VA's initiative to eliminate homelessness among veterans and strengthen the capacity of the VA Homeless Veterans program to include increasing its mental health and substance use disorder programs' capacity, providing vision and dental care services to homeless veterans as required by law, incorporating child care and legal aid for veterans in homeless programs where possible, and improving its outreach efforts to help ensure homeless veterans gain access to the VA's specialized health and benefits programs; AND

BE IT FURTHER RESOLVED that DAV urges Congress to continue to authorize and appropriate funds for competitive grants for transitional housing to community-based organizations; that it fund the Supportive Services for Veterans Families program to ensure prevention of homelessness among veterans and their families; that it authorize vouchers through the Department of Housing and Urban Development and require the VA to provide effective case management and health and supportive services necessary for them to stay housed; and to that it fund the Department of Labor's Homeless Veterans Reintegration Program to reengage veterans in employment or other productive activity.

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RESOLUTION NO. 337

**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 with 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 expeditiously, because volunteers perform a valuable service to veterans in facilities and save taxpayers millions of dollars; and

WHEREAS, Public Law 116–315, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, passed in January 2021; and

WHEREAS, section 7001 of that law required the Department establish a national policy regarding the medical exams required to certify volunteer drivers for the volunteer Transportation Network; and

WHEREAS, despite briefings alluding to the VA's work responding to this requirement and multiple requests for updates, Congress is not aware of any such policy more than a year after that deadline passed; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls on the VA to quickly develop and disseminate a straightforward, standardized and timely process for certifying volunteer drivers; once this process is finalized, the VA should undergo a concerted effort to not only disseminate the updated guidance but also seek and recruit volunteers, especially those who began the certification process but discontinued it after facing too much bureaucracy to continue.

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RESOLUTION NO. 338

**Ensure Quality and Timeliness for the Veterans Health Administration
and Veterans Community Care Program Providers**

WHEREAS, Congress established the Veterans Community Care Program (VCCP) under Public Law 115–182, the VA MISSION Act of 2018, to ensure that veterans have timely access to quality care when they are unable to receive care in the Department of Veterans Affairs (VA); and

WHEREAS, the Veterans Community Care Program providers are deemed to be part of the VA integrated high-performing networks; and

WHEREAS, the VA establishes many goals for its performance and measures outcomes using standardized metrics for the health care industry comms, including Healthcare Effectiveness Data and Information Set (HEDIS), Centers for Medicare & Medicaid Services (CMS), and other appropriate measures; and

WHEREAS, all VA facilities have participated in the Joint Commission for the past 35 years, and relevant facilities participate in the Commission on Accreditation of Rehabilitation Facilities, Hospital Consumer Assessment of Healthcare Providers and Systems (HCACPS) (patient surveys), and other programs establishing standards for the health care industry; and

WHEREAS, the VA and the Department of Defense routinely develop and revise clinical practice guidelines for best practices for treatment of many conditions for which veterans and service members are at risk, including suicidal ideation and behavior, post-traumatic stress disorder (including for military sexual trauma), substance use disorders, traumatic brain injury, depression, diabetes mellitus and hypertension; and

WHEREAS, the VA routinely collects information on wait times for each of its points of access to the health care system for primary, mental health and specialty care, including for both new and established patients; and

WHEREAS, many private sector health care providers do not participate in programs that support quality or collect and publish data on quality or timeliness; and

WHEREAS, comparison data used by the VA is based on regional data collected by CMS; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to improve real-time access to quality and timeliness measures to ensure continued improvement; AND

BE IT FURTHER RESOLVED that Congress must require the VA to include key measures of quality and access in its contracts for intermediaries administering the Veterans Community Care Program to allow true comparisons between the VA and its network of providers and to ensure that all VCCP providers are in good standing in the states in which they practice by accessing data from national resources and state licensure boards; AND

BE IT FURTHER RESOLVED that veterans community care providers are required to participate in annual training on VA resources available to veterans and the VA's clinical practice guidelines for conditions associated with military service.



RESOLUTION NO. 339

**Request Change of Policy so That Retired Medical Staff Can Return
Without Financial Penalty as Necessary to Supplement Current Staffing
at Department of Veterans Affairs Medical Centers**

WHEREAS, every Department of Veterans Affairs (VA) medical center (VAMC) is demonstrating a profound shortage of skilled and licensed as well as trained nursing and medical staff; and

WHEREAS, numerous highly skilled staff are now retiring; and

WHEREAS, a significant number would be willing to return on a part-time basis; and

WHEREAS, if they do, all compensation is directly deducted from their retirement; and

WHEREAS, if the person works in a state where income tax is incurred, it will result in a net loss of income for trained staff; and

WHEREAS, there would be no benefit to the trained staff to return, as they would not receive enhanced benefits to their retirement unless they worked for a full year; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports allowing trained medical staff to avoid suffering the penalty from their retirement when they return to the VA to provide the skills necessary to supplement current staffing; AND

BE IT FURTHER RESOLVED that DAV supports rescinding this policy because the VA is losing highly skilled staff to the community.

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RESOLUTION NO. 340

**Oppose Means Testing Service-Connected Veterans
for Department of Veterans Affairs Health Care**

WHEREAS, Public Law 104–262 requires 0% service-connected disabled veterans to be means tested in order to receive treatment in a Department of Veterans Affairs (VA) medical facility; and

WHEREAS, countless thousands of veterans have relied on care from VA medical facilities for decades and now face the possibility of losing access to VA medical care because of income levels, consequently causing them undue financial hardship, pain and suffering; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the exclusion of service-connected disabled veterans from the requirements of means testing for treatment or service received at VA medical facilities and the inclusion of 0% service-connected disabled veterans in Priority Group 3.

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RESOLUTION NO. 341

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 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 authorizing marriage and family counseling in VA facilities to address the needs of veterans' families, including spouses and other dependent family members of veterans who are experiencing mental health challenges with attendant marital or family difficulties; and

WHEREAS, Congress enacted sections 101-103 of Public Law 111-163 and sections 161-163 of Public Law 115-182 for authorizing an array of support, care and counseling services for personal caregivers of severely injured veterans from all eras of military service; and

WHEREAS, Congress has recently established a grant program under section 201 of Public Law 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, which would allow grantees to provide a variety of supportive services to at-risk veterans and family members; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 342

Support Humane, Consistent Pain Management Programs in the Veterans Health Care System

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

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

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

WHEREAS, the serious adverse side effects of opioids, including physical dependence, overdose and suicide, have made Department of Veterans Affairs (VA) and other health care providers reconsider clinical guidance, policy and programming for pain management; and

WHEREAS, because of these adverse side effects, the number of veterans using opioid medications for pain management prescribed by the Veterans Health Administration (VHA), which skyrocketed in the 2000s and peaked in 2012, has plummeted due to VHA's revising its policies and programs for managing opioids; and

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

WHEREAS, access to opioids has been compromised for many disabled veterans who have used these medications as prescribed for many years to reduce pain and maintain their quality of life and productivity; and

WHEREAS, a growing number of veteran patients with chronic pain who have been prescribed pain medication over long periods have been abruptly denied without the benefit of tapering or counseling or provision of alternate means of pain relief to reduce or eventually discontinue opioid therapy; and

WHEREAS, abrupt denial of opioid medications can lead to devastating health consequences, including compromised health, overdose or suicidal behavior; and

WHEREAS, the VA has not made access to substance use disorder treatment or medications for opioid use disorder, including first-line opioid agonists such as methadone, buprenorphine or overdose reversal drugs such as naloxone, universally available and accessible to veterans (even those at highest risk) across the system; and

WHEREAS, the VA recognizes nonpharmacological therapies, including complementary and integrative health therapies such as yoga, massage, acupuncture and chiropractic, as the best alternative in managing pain, yet VA policy does not require such therapies be available and be offered without locally imposed restrictions; and

WHEREAS, without appropriate psychological counseling and transition to suitable alternatives to controlled substances, including Schedule II controlled medications, veterans can suffer physical and mental anguish needlessly; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to redouble its efforts to conduct a uniform national pain management program to ensure that veterans requiring pain management, including those who have used prescribed pain medications for long time periods, are managed with patient-centered, interdisciplinary and holistic approaches with balanced regard for both patient safety and humane alternatives to the use of controlled substances, and while under VA care receive their prescribed medications in a timely fashion; AND

BE IT FURTHER RESOLVED that DAV encourages the VA to continually review and update its clinical guidance, policies and programming to ensure compliance with federal law and adherence to best practices in prescribing, dispensing and disposing of controlled substances.

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RESOLUTION NO. 343

Support Legislation to Improve and Provide Comprehensive Services for Caregivers of Severely Wounded, Injured and Ill Veterans of All Eras

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

WHEREAS, immediate family members and dependents are involved in the care and rehabilitation of severely injured veterans and perform complete clinical care once provided by medical professionals, often with little to no relief while shouldering a great and lifelong burden as home and institutional caregivers and attendants, giving up or severely restricting their employment, future financial security, education and social interactions and suffering severe financial and personal penalties as a consequence in order to care for a severely ill loved one; and

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

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

WHEREAS, in 2011, Public Law 111-163 established the VA's family caregiver program, which includes a Program of General Caregiver Support Services (PGCSS) for all caregivers and a Program of Comprehensive Assistance for Family Caregivers (PCAFC) for the most severely disabled veterans, which provides family caregivers with a stipend, health insurance, additional respite care and case management services; and

WHEREAS, when Public Law 111-163 was enacted, only severely disabled veterans who were injured on or after September 11, 2001, were eligible for the PCAFC, excluding equally deserving disabled veterans and their caregivers from the program; and

WHEREAS, Public Law 115-182, enacted in 2018, extended eligibility for the PCAFC to prior generations of veterans in two phases: first for World War II, Korean War and Vietnam veterans, which took effect on October 1, 2020, and then for veterans injured after the Vietnam War through 9/11, which took effect on October 1, 2022; and

WHEREAS, the VA's eligibility criteria for the PCAFC has been the source of significant confusion and difficulty, particularly during the application, approval and reassessment processes, such that in 2017, 2018 and again in 2022, it was found that veterans and their family caregivers were being discharged from the PCAFC at such alarming rates that three different VA Secretaries placed a temporary moratorium on discharges and tier reductions; and

WHEREAS, the Court of Veterans Appeals for Veterans Claims (Court) ruled in the Beaudette v. McDonough case that veterans and caregivers who disagreed with a decision about eligibility for PCAFC must be provided full judicial review and due process rights, including the right to

appeal unfavorable decisions to the Board of Veterans' Appeals, the right to see all evidence and the right to representation in their claims; and

WHEREAS, the Veterans Health Administration's Caregiver Support Program (CSP) has had great difficulty implementing the Court-ordered appeals rights, which include application of the Appeals Modernization Act's requirements, which include mandatory requirements for decision notification letters; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, calls on the VA to complete the final phase of the caregiver expansion required by Public Law 115-182 so that severely disabled veterans of all eras are equally eligible for the PCAFC; AND

BE IT FURTHER RESOLVED that Congress should conduct aggressive oversight of the PCAFC and ensure the VA receives all the resources needed to timely and equitably expand eligibility, process all applications, and provide adequate supports and services to meet the needs of family caregivers; AND

BE IT FURTHER RESOLVED that the VA must expeditiously and fully implement the mandate of the Court's Beaudette decision to ensure that all veterans and family caregivers who make an application to the PCAFC and receive unfavorable decisions have full judicial review and due process rights, including the right to representation, the right to review all evidence used to make their decisions and the right to all options included in the Appeals Modernization Act; AND

BE IT FURTHER RESOLVED that Congress should increase funding and enact legislation that would strengthen and expand access to and improve the provision of caregiver support services, including but not limited to fully recognizing family caregivers, adequate financial support, sufficient health and homemaker services, respite, education and training, and other necessary relief, to caregivers of all veterans severely ill and injured due to military service; AND

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

BE IT FURTHER RESOLVED that once the caregiver's responsibilities conclude, this nation must plan and assist them in transitioning back into the workforce or retirement, and the VA must provide additional support, including, but not limited to employment assistance, retirement planning and bereavement counseling.

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RESOLUTION NO. 344

**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 37 states, the District of Columbia, and the territories of Guam and Puerto Rico, state medical marijuana laws vary, 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 the harms or benefits from its use; and

WHEREAS, the National Academies of Sciences, Engineering and Medicine rigorously reviewed 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 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 345

Support the Automatic Enrollment of Medically Retired Veterans Into the Department of Veterans Affairs Health Care System with an Opt-Out Provision

WHEREAS, some service members, while on active duty in the U.S. armed forces, may experience disabilities of varying degrees, and these disabilities may impact job performance; and

WHEREAS, in some cases, these service members may be medically retired by physical and/or mental conditions, as determined by the Physical Evaluation Board, which stands in the way of completing their duties; and

WHEREAS, despite the availability of the Transition Assistance Program (TAP) to help active-duty members who are medically retired understand available benefits, the medical retirement process is often confusing; and

WHEREAS, as part the TAP process, a presentation is made describing the Department of Veterans Affairs (VA) health care system and benefits; and

WHEREAS, enrollment into the VA health care system is presented as an opt-in option, placing the responsibility of enrollment on the veteran being medically retired, and transferring veterans' medical records from the Department of Defense (DOD) to the VA is problematic; and

WHEREAS, making enrollment into the VA health care system automatic during the separation process would relieve veterans being medically retired of responsibilities for enrolling themselves and would make the transfer of medical records from the DOD to the VA more seamless; and

WHEREAS, some veterans being medically retired may choose not to enroll in the VA, and an opt-out provision should be included in the automatic enrollment process; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the automatic enrollment of medically retired veterans into the VA health care system with an opt-out provision.

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RESOLUTION NO. 346

Improve Urgent and Emergency Care Benefit for Service-Connected Veterans

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

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

WHEREAS, the VA MISSION Act (Public Law 115–182) authorizes the VA to furnish veterans urgent care, which is typically lower cost than emergency treatment and with sufficient access can encourage veterans to receive health care in the appropriate setting; and

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

WHEREAS, the August 2019 VA Office of Inspector General report found a significant number of emergency care claims were inappropriately denied and many rejected claims were inappropriately processed, with some leading to wrongful denials and rejection of claims and potentially placing undue financial risk on thousands of veterans; and

WHEREAS, such denied claims have transferred the liability of billions of dollars from the VA to veterans, resulting in serious financial challenges; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to amend title 38, United States Code, to simplify the eligibility for urgent and emergency care paid for by the VA; AND

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

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RESOLUTION NO. 347

**Enhance the Civilian Health and Medical Program
of the Department of Veterans Affairs Benefits and Services**

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

WHEREAS, eligible beneficiaries include the spouse or child of a veteran whom the VA rated 100% permanently and totally disabled for a service-connected disability; the surviving spouse or child of a veteran who died from a VA-rated service-connected disability, or who, at the time of death, was rated 100% permanently and totally disabled; the surviving spouse or child of a military service member who died on active duty; and the primary caregiver of a veteran seriously injured during military service on or after September 11, 2001; and

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

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

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

WHEREAS, numerous health care services such as chiropractic services, routine eye examinations, hearing aids, most dental benefits, and institutional and home-based long-term services and supports are not routinely covered under CHAMPVA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to make the CHAMPVA program more comprehensive, including dental and vision care and institutional and home-based long-term care, and eliminate the 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. 348

Enhance Long-Term Services and Supports for Service-Connected Disabled Veterans

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

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

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

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

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

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

WHEREAS, lack of centralized planning upon which to base standardized policy leaves VA facilities to determine locally their own mix of institutional and noninstitutional approaches in providing LTSS, relegating LTSS to a "second tier" of health care service and expectations within the VA system; and

WHEREAS, there is a large and glaring gap in the VA's LTSS program with statutory authority prohibiting the Department from paying for veterans to reside in community residential care facilities such as assisted living and family group homes, despite referring thousands of veterans to and inspecting facilities nationwide; and

WHEREAS, the success of 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, resulting in a consistent waitlist of veterans in need of such care; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to improve the VA’s program of long-term services and supports for service-connected disabled veterans, irrespective of their disability ratings; AND

BE IT FURTHER RESOLVED that DAV urges the VA to ensure each VA medical facility is able to provide service-connected disabled veterans timely access to both institutional and noninstitutional long-term services and supports.

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RESOLUTION NO. 356

**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 at 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 age 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 Phoenix, Arizona, August 3–6, 2024, supports legislation to extend the eligibility of a qualifying veteran's child for CHAMPVA coverage to age 26 under the same conditions of covered adult children of beneficiaries in private health plans.

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RESOLUTION NO. 365

**Support the Expansion of the Department of Veterans Affairs Program
of Comprehensive Assistance for Family Caregivers' Eligibility**

WHEREAS, the current eligibility criteria for the Program of Comprehensive Assistance for Family Caregivers (PCAFC) requires veterans to be rated at 70% or more by the Department of Veterans Affairs (VA); and

WHEREAS, to qualify for Individual Unemployability (IU), a veteran must have a 60% or more disability evaluation based on a single service-connected disability or a 70% combined disability evaluation based on multiple service-connected disabilities, with at least one disability rated at 40% or more; and

WHEREAS, veterans who are entitled to IU are paid at the 100% rate and receive ancillary benefits commensurate to veterans rated 100%; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the eligibility expansion of PCAFC to include those veterans who have been granted IU but whose combined rating is less than 70% to include those veterans.

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RESOLUTION NO. 380

Provide Comprehensive Dental Care as Medical Care for Nonservice-Connected Secondary Condition(s) Being Primarily Caused by or Contributed to by Service-Connected Condition(s) or Treatment for Service-Connected Condition(s) 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 veteran and is part of comprehensive health care; and

WHEREAS, the Department of Veterans Affairs (VA) health care system is mandated under section 1712, title 38, United States Code, to provide outpatient dental services to veterans rated 100% service-connected, to veterans who were held prisoner of war or to those who have sustained dental trauma in performance of military service; and

WHEREAS, irrespective of service-connected disability, section 1701(9), title 38, United States Code, defines “preventive health services” as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA health care, to include “such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care”; and

WHEREAS, prescribed medications to treat service-connected disabilities, such as mental health and digestive conditions, can cause dental issues, such as tooth decay, gum disease, and damage to the tooth enamel or tooth loss; and

WHEREAS, those who suffer with service-connected mental health conditions are more likely associated with painful temporomandibular disorder and may be part of the etiology of awake bruxism and sleep bruxism; and

WHEREAS, many medical doctors lack oral health-related knowledge in practice and have perceived barriers to oral health care services; and

WHEREAS, the VA maintains oral and dental programs within its health care system: diagnostic services, preventive dental care root canals and other services to manage oral health problems and restore function (called endodontic or restorative services), dental surgery, and emergency dental care; and

WHEREAS, a veteran must file a claim for a service connection of a dental issue prior to being treated at the VA for dental care, which can increase risk of irreversible damage to teeth, jaw alignment, gums due to periodontitis (advanced gum disease) and ultimately tooth loss; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation for the Secretary of Veterans Affairs to expand the VA’s scope of oral health beyond only service connection due to trauma by providing dental treatment for non-service-connected secondary condition(s) linked to or primarily caused by or contributed to by service-connected condition(s) or treatment for service-connected condition(s); AND

BE IT FURTHER RESOLVED that the VA conduct research on the connections between general health and oral health, encompassing all aspects of medicine connected with the mouth and face.



RESOLUTION NO. 403

Strengthen and Protect the Department of Veterans Affairs Health Care System

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

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

WHEREAS, there are over 9 million veterans who have enrolled in the Department of Veterans Affairs (VA) health care system, of whom over 6 million receive some medical services from the VA each year, and millions of service-connected disabled veterans who rely on the VA for all or most of their medical care; and

WHEREAS, the increasing demand for VA health care reflects changes in the veteran patient population, such as the advanced aging of many World War II, Korea and Vietnam veterans in greater need of health care; high veteran satisfaction with the VA's comprehensive and coordinated delivery of health care; and changes in health care practice, such as the increasing use of pharmaceuticals, advances in technology and increasing provision of community care; and

WHEREAS, the VA health care system's primary mission is to provide service-connected veterans timely, high-quality health care that offers a full continuum of services, including but not limited to foundational services such as primary care; mental health care; and specialized care for prostheses, spinal cord injury and disease, blindness, amputations, poly trauma, toxic and environmental exposures, as well as pharmacy and long-term services and supports in both institutional and noninstitutional settings; and

WHEREAS, while funding for the VA to furnish medical care has increased year after year, it has not kept pace with demand from the rising number of veterans using the VA, the growing volume and intensity of health services being used, and the increasing reliance on using the VA health care system; and

WHEREAS, the VA and Congress must work together to provide additional resources to maintain sufficient staffing levels, eliminate disparities in treatment, and improve information technology necessary for the care and treatment of injured and ill veterans; and

WHEREAS, the VA must maintain a "critical mass" of capital, human and technical resources to promote effective, high-quality care for veterans, especially those with sophisticated health problems such as blindness, amputations, spinal cord injury or chronic mental health problems; and

WHEREAS, it is well documented that the VA provides health care that is as good or better than private sector health care and does so at a lower cost compared with other national health care systems; and

WHEREAS, veterans who use the VA health care system have repeatedly indicated their preference for and satisfaction with the care they receive directly from the VA, notwithstanding existing problems that the VA must overcome, including the lack of timely and convenient access in some locations; and

WHEREAS, independent assessments of the VA health care system have found that the principal cause of access problems was insufficient funding provided to the VA to meet the growing demand for care by veterans; and

WHEREAS, the VA must develop and implement a long-term strategy to rebuild, modernize, maintain and expand medical facilities, and Congress must provide adequate and timely funding to fulfill the VA's health care infrastructure plans; and

WHEREAS, the VA must continue to fully and faithfully implement the VA MISSION Act (Public Law 115-182) to ensure that the VA remains the primary provider and coordinator of care for veterans, while optimizing the use of new community care networks to fill in gaps when and where the VA cannot deliver timely, convenient care; and

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

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

WHEREAS, in addition to its first mission of providing care to ill and injured veterans, the VA is also expected to fulfill three other critical health care missions: educating and training health care professionals, conducting medical and prosthetic research, and serving the nation in times of national emergency; and

WHEREAS, each year, approximately 120,000 health profession trainees receive clinical training in VA facilities through academic affiliations with over 1,800 educational institutions, including 97% of the nation's medical schools; the Medical and Dental Education Program brings together academic institutions and the VA to provide graduate medical education; and

WHEREAS, each year, the program provides clinical experiences for 75,000 medical and 1,000 dental trainees; and

WHEREAS, 99% of medical schools are affiliated with the VA, including 153 Liaison Committee on Medical Education-accredited allopathic schools and the 37 Commission on Osteopathic College Accreditation-accredited osteopathic medical schools; and

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

WHEREAS, the VA has a federal emergency preparedness responsibility to assist the Departments of Homeland Security and Health and Human Services with natural disasters and national emergencies, such as the COVID-19 pandemic, and the VA also serves as a backup for the Department of Defense in times of war; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, believes the nation must continue to honor the service and sacrifices of our nation's ill and injured veterans by strengthening and protecting a modern, high-quality, accessible and accountable VA health care system; AND

BE IT FURTHER RESOLVED that, to provide timely and convenient access to enrolled veterans, the VA health care system remain the primary provider and the coordinator of care while continuing to optimize the use of community care networks to fill in gaps, particularly in rural and remote areas; AND

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

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

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RESOLUTION NO. 405

**Support Legislation to Expand the Current Department of Veterans Affairs
Foreign Medical Program**

WHEREAS, veterans enrolled in the Department of Veterans Affairs (VA) Foreign Medical Program are authorized medical care specifically and only for service-connected disabilities, to include those rated 100% permanent and total; and

WHEREAS, currently, 100% permanently and totally disabled veterans are authorized unilateral health and dental care not limited to service-connected disabilities within the VA health care system; and

WHEREAS, if a veteran receives medical care in a country outside the U.S., the VA can only cover the cost of services that are medically necessary to treat VA-rated, service-connected disabilities and conditions that are associated with a service-connected disability and that the VA determines are worsened or aggravated by the service-connected condition; and

WHEREAS, the veterans can choose any licensed health care provider in the foreign country where the veteran lives or travels to; the veteran does not need a referral; and

WHEREAS, the VA will pay claims by U.S. Treasury check; if care is received in a country outside the U.S. that cannot accept U.S. Treasury checks, the veteran will need to find another way to cash these checks; and

WHEREAS, the VA also does not cover travel costs, costs for paying bills, charges for services, or to send medicines by mail or cover mail-order medicines from the United States; and

WHEREAS, the Government Accountability Office (GAO) report GAO-20-620 noted the VA should continue to improve access to quality disability medical exams for veterans living abroad; and

WHEREAS, the growing population of veterans who travel and live in United States territories and foreign countries continues to struggle to have timely access and quality of health care provided by or through the VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, urges that the VA collect data on where veterans reside outside of the continental United States; AND

BE IT FURTHER RESOLVED;, upon identification of veterans with foreign residency, the VA shall designate the relevant VA health care system or cross-agency partner to provide necessary healthcare services.; AND

BE IT FURTHER RESOLVED that the VA update policies and procedures to expand quality health care services with the need of the growing population of veterans who travel to and/or reside in foreign countries; AND

BE IT FURTHER RESOLVED that Congress should enact legislation to collect data to better determine the needs of service-disabled veterans and to expand access and health care and dental care services for these veterans who travel or reside in foreign countries; AND

BE IT FURTHER RESOLVED that legislation to provide health and dental care not be limited to service-connected disabilities for veterans considered being 100% permanently and totally disabled and enrolled in the Foreign Medical Program.

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RESOLUTION NO. 406

Urge the Department of Veterans Affairs to Improve the Nursing Home Program

WHEREAS, like many older Americans, aging veterans may rely on nursing home care to meet their daily needs; and

WHEREAS, over the next two decades, an aging veteran population, including a growing number of service-disabled veterans with specialized care needs, will require long-term care (LTC); and

WHEREAS, the Department of Veterans Affairs (VA) provides or pays for nursing home care in three nursing home settings: VA-owned and -operated community living centers, publicly or privately owned community nursing homes, and state-owned and -operated State Veterans Homes; and

WHEREAS the three settings provide similar nursing home care, in which veterans receive skilled nursing care, recreational activities and other services; and

WHEREAS, the VA has initiated a rating system for all its 133 VA nursing homes; and

WHEREAS, a nursing home's overall star rating is based on Centers for Medicare & Medicaid Services (CMS) data and has three components: health inspections, staffing and quality measures; and

WHEREAS, according to the VA Nursing Home rating system, one star indicates the lowest possible rating while five stars indicates the highest possible rating; and

WHEREAS, CMS and the Government Accountability Office (GAO) have reported quality and oversight needs of VA-owned and -operated community living centers, publicly or privately owned community nursing homes, and state-owned and -operated State Veterans Homes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA Nursing Home Program, to include VA-owned and -operated community living centers, publicly or privately owned community nursing homes, and state-owned and -operated State Veterans Homes, to improve their delivery of high-quality care and services that our nation's veterans earned and deserve; AND

BE IT FURTHER RESOLVED that the VA must recruit and retain only the best health care professionals and support staff and must train and hold all employees accountable for their actions or inactions.

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RESOLUTION NO. 407

**Urge the Department of Veterans Affairs to Make Improvements
in the Beneficiary Travel Self-Service System for Veterans**

WHEREAS, the Veterans Health Administration (VHA) implemented the Beneficiary Travel Self-Service System (BTSSS) to provide timely processing and payment of travel reimbursement; and

WHEREAS, the price of gasoline has steadily increased, creating a financial hardship for disabled veterans who must travel great distances for their medical care and treatment; and

WHEREAS, though BTSSS allows the disabled veteran to submit a travel reimbursement claim through any mobile device or computer and receive a payment within five business days, disabled veterans are having issues with the online portal and cannot receive adequate assistance from Department of Veterans Affairs (VA) staff; and

WHEREAS, the BTSSS utilizes Bing Maps, which may not be updated with the disabled veteran's proper address, causing an error with submitting the required form; and

WHEREAS, not all disabled veterans have access to the internet, and payments may take months to process; and

WHEREAS, veterans cannot speak to a VA representative in real time when they receive an error with the system and may become stressed and overwhelmed with the process; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to provide real-time assistance with the current travel claim process, whether that be the BTSSS portal or another system; AND

BE IT FURTHER RESOLVED that the VA provides alternate methods for travel reimbursement that demonstrate inclusivity to all disabled veterans, such as the previously provided Kiosk Check-In System.

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RESOLUTION NO. 409

Provide Peer-to-Peer Infertility Care Program Coordinator

WHEREAS, the Infertility Care Program is difficult to get through; and

WHEREAS, Public Law 114–223 allows the Veterans Health Administration (VHA) to provide assisted reproductive technology, including in vitro fertilization (IVF), to certain eligible veterans; and

WHEREAS, little is known regarding veterans’ experiences accessing IVF through Department of Veterans Affairs (VA) community care contracts with IVF providers; and

WHEREAS, there is a study by a medical care journal which found six areas that need improvement; they are:

- The need for improved communication regarding IVF benefits;
- The need for expanded IVF benefits;
- The lack of a comprehensive care coordination program;
- Poor access to IVF providers in some areas of the country;
- Special services needed for veterans with spinal cord injuries;
- The IVF policy may be discriminatory to single and LGBTQ+ veterans; and

WHEREAS, many veterans with service-connected conditions related to reproductive health have taken advantage of the IVF benefit, though limitations on these benefits have prevented other veterans from taking advantage of it; and

WHEREAS, further attention needs to be paid to improving communication and coordination of IVF services with ongoing VA care and ensuring special populations, including those living in rural areas and veterans with spinal cord injuries, have access to IVF services as needed; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, encourages the VA to have a navigator work with each veteran or spouse that goes through IVF; AND

BE IT FURTHER RESOLVED that the navigator be someone that has gone through the IVF program.

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RESOLUTION NO. 414

Provide Research in Preventing Suicide in LGBTQ+ Veterans

WHEREAS, the LGBTQ+ veteran is more likely to experience suicidal ideation than their cisgender and heterosexual peers; and

WHEREAS, those who identify as LGBTQ+ face physical and mental health challenges; and

WHEREAS, LGBTQ+ veterans experience higher rates of health conditions related to military sexual trauma, HIV/AIDS, intimate partner violence, and substance abuse and tobacco use and experience a higher risk for suicide; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports Department of Veterans Affairs research in preventing suicide in LGBTQ+ veterans.

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RESOLUTION NO. 427

**Support Legislation to Provide for Service Connection for Health Conditions
That Have Been Determined to Be Related to the Anthrax Shot**

WHEREAS, veterans were forced to receive the anthrax vaccine for deployed and non deployed service members during the Gulf War; and

WHEREAS, deployed and nondeployed veterans report the same type of symptoms; and

WHEREAS, the University of Minnesota Brain Sciences Center at the Minneapolis Department of Veterans Affairs (VA) Medical Center conducted research indicating a direct connection between the anthrax shot, brain atrophy, and respiratory and gastrointestinal issues; and

WHEREAS, independent research has shown the anthrax vaccine was one of the most reactogenic vaccines included in the Vaccine Adverse Event Reporting System (VAERS); and

WHEREAS, even though the anthrax vaccine may be acceptable in overseas military locations because of the impending threat of anthrax exposure, the cost benefits of vaccination in less-high-risk military populations may be more questionable; and

WHEREAS, civilian doctors should be aware of reporting anthrax vaccine adverse reactions; and

WHEREAS, military and civilian doctors should also be diligent in their reporting to VAERS of cases of adverse reactions to the anthrax vaccine; and

WHEREAS, after the Gulf War, veterans reported a variety of health issues that began during or soon after returning from deployment, prompting investigations into the epidemiology and etiology of the complaints; and

WHEREAS, several population-based studies revealed symptoms were present in both deployed and nondeployed Gulf War veterans, with a significantly higher rate in deployed Gulf War veterans; and

WHEREAS, various studies establish and recognize a direct relationship between the anthrax vaccine and symptoms suffered by veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to change its policy and allow all veterans who received the anthrax vaccine to be automatically qualified for VA health care without being categorized as Gulf War syndrome.

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RESOLUTION NO. 428

**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 poly trauma; and

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

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

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

WHEREAS, this specialized care is extraordinarily expensive and complex, often addressing complications from multiple amputations, TBI, burns, hearing and visual impairments, multiple shell fragment wounds and other catastrophic injuries; and

WHEREAS, because the VA's current nursing home capacity is primarily designed to serve aging 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 Phoenix, Arizona, August 3–6, 2024, calls on the Secretary of Veterans Affairs to continue to request and allocate sufficient resources for poly trauma centers and PNSs to ensure these centers include adequate space and other services for veterans' ongoing rehabilitation, social and recreational needs and dedicated space, including therapeutic residential facilities, for disabled veterans and family members who must often stay for extended periods to assist in veterans' recovery and rehabilitation; AND

BE IT FURTHER RESOLVED that DAV calls on the Secretary to support the provision of longer-term neurobehavioral and vocational support in age-appropriate settings within or outside of the VA for veterans with moderate to severe injuries who require such programming.

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RESOLUTION NO. 429

Support Sufficient Funding for Department of Veterans Affairs Prosthetic and Sensory Aids Service and Timely Delivery of Prosthetic Items

WHEREAS, the Department of Veterans Affairs (VA) has operated a nationwide prosthetic and sensory aids program, organized as Prosthetic 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, needs that continue to rise due to the aging of the veteran population and grievous injuries in war veterans, past and present; and

WHEREAS, the VA provides millions of prosthetic items or devices to millions of veterans; and

WHEREAS, PSAS provides artificial limbs to thousands of veterans and wheeled mobility to hundreds of thousands of veterans; and

WHEREAS, prosthetic items are a truly individualized extension of the body and can impact all aspects of veterans' lives; and

WHEREAS, the VA must maintain flexibility in ordering and delivering a variety of state-of-the-art prosthetic aids to meet the unique needs of wounded, ill and injured veterans, including women veterans who require prostheses that are sized appropriately for their bodies and allow for the physical changes in their bodies during pregnancy and menses; and

WHEREAS, PSAS has completed the final rule on regulations designed to standardize its procurement policies and administrative processes and to improve its purchasing power and leverage its position in the prosthetic, orthotic and medical device marketplace; and

WHEREAS, changes in procurement practices have sometimes negatively affected the timeliness of delivery and quality of prosthetic, orthotic and other items to many veterans and may limit veterans' access to prostheses that "promote, preserve or restore" function in accordance with current law; and

WHEREAS, throughout the process, the VA should ensure appropriately trained prosthetic representatives and rehabilitation specialists are available to maintain the VA's strong connection between veterans and clinical components of prosthetic care and services; and

WHEREAS, the VA must rededicate itself to becoming a leader in prosthetic care by providing innovative services and items to help injured, ill and wounded veterans fully regain mobility and achieve maximum independence in their daily activities and in sports activities, such as running, cycling, skiing, rock climbing and other physical exercises, if they so choose; and

WHEREAS, research and development funding in addition to ongoing training to ensure that prosthetists and procurement officers are up to date on all available technologies is integral to the VA's ability to provide such leadership to the field; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to retain centralized funding for PSAS, which enables the program to deliver high-quality prosthetic items to all enrolled veterans needing such items and to train veterans on appropriate use and care of the device; AND

BE IT FURTHER RESOLVED that DAV urges the VA to retain its goal of maximum recovery and independent living for our highest-priority veterans; to adopt procurement policies and staff training on advances in and other practices that accelerate the timely delivery of, and responsive maintenance and repair of, all prosthetic items; and to take fully and fairly into account the unique needs of severely injured and wounded veterans.

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RESOLUTION NO. 430

Ensure Department of Veterans Affairs Staff Who Work to Rehabilitate Blind and Visually Impaired Veterans Have Adequate Training in Assistive Technology

WHEREAS, the Veterans Health Administration (VHA) has established training and assessment protocols for blind and visually impaired veterans and provides them with assistive technology training; and

WHEREAS, training on technology-related devices and equipment encompasses a growing proportion of the rehabilitation needs of veterans with blindness or visual impairment; and

WHEREAS, VHA acknowledges competition for scarce computer-assistive technology instructor specialists; and

WHEREAS, staff and supervisors within Blind Rehabilitation Service acknowledge difficulties recruiting and retaining certified computer-assistive technology specialists and ensuring staff remains abreast of evolutionary advances in assistive technology for the blind; and

WHEREAS, enhancements of electronic assistive devices are continually introduced; and

WHEREAS, blind and visually impaired veterans utilize assistive technology to accomplish tasks in manual skills, living skills, orientation and 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; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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 as continuing education credits or achieve independent certification on technological solutions and adaptive aids.

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RESOLUTION NO. 436

**Support and Promote Fitness Programs to Manage Overall Health Needs
of Service-Connected Veterans**

WHEREAS, veterans suffer various physical and mental health issues; and

WHEREAS, regular physical activity lowers the risk of depression, Type 2 diabetes, heart disease, high blood pressure, obesity, stroke and eight types of cancer; and

WHEREAS, physical activity may also reduce the risk of weight gain, dementia and falls; improve bone health and endurance; and help you feel more energetic; and

WHEREAS, research studies have shown physical fitness is beneficial for physical and mental health, at any age, reducing the need for pharmaceutical treatment and more costly care; and

WHEREAS, certain community care programs are limited to a specific number of visits a veteran is authorized, which does not consider the extent of needed treatment; and

WHEREAS, continued physical fitness outside the community-based provider can continue to provide physical and mental relief from symptoms, which can reduce the need for extensive pharmaceutical treatment and more costly care; and

WHEREAS, annual health care reports can show whether the physical fitness supplement is cost-effective, reducing Department of Veterans Affairs (VA) pharmaceutical costs and more costly care; and

WHEREAS, there should be no age limitation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, recommends the VA expand the Healthy Living, Be Physically Active and MOVE! Weight Management programs for overall whole health and not only limited to weight-loss management or physical therapy recovery; AND

BE IT FURTHER RESOLVED that the VA integrate physical activities/fitness for veterans that choose or are directed by medical providers to integrate and/or continue physical activity or fitness to manage overall health needs.

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RESOLUTION NO. 437

**Review Recertification Requirements That Discourage Community-Based Providers
From Getting Recertified With the Department of Veterans Affairs**

WHEREAS, the Department of Veterans Affairs (VA) health care system utilizes various community-based providers for various medical treatments for veterans that are outside the mileage treatment requirement; and

WHEREAS, veterans in areas underserved by the VA health care system regularly use these community-based providers for treatment for service-connected disabilities; and

WHEREAS, the VA has established new recertification requirements that affect the number of community-based providers, forcing some community providers to discontinue the necessary treatment for veterans; and

WHEREAS, the decrease in the number of community-based providers drastically affects the number of veterans that depend upon community-based providers for treatment; and

WHEREAS, the VA has accepted credentials from the state or collegiate institutions for community providers in the past, and there have not been negative reports regarding services provided to veterans; and

WHEREAS, there is no apparent need for such strict recertification requirements; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, goes on record recommending the VA reconsider the certification and recertification process in order to encourage more medical and mental health providers to become community-based providers for the VA and keep the current community-based providers for the VA, to ensure the veterans not within adequate distance from a VA facility that may have the services and that utilize community-based providers continue to get the treatment to which they are entitled.

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RESOLUTION NO. 475

**Support Research on, and Expand Access to, Investigational Drugs
for Amyotrophic Lateral Sclerosis**

WHEREAS, amyotrophic lateral sclerosis (ALS) is a terminal neurodegenerative disease that leads to loss of muscle strength and coordination, causing people affected to lose their ability to perform routine tasks of daily living and eventually lose control of motor functions such as swallowing and breathing; and

WHEREAS, for reasons not clearly understood, and unrelated to specific duties, eras or locations of service, military service itself is a risk factor for future diagnosis of ALS; and

WHEREAS, a veteran who served between 1910 and 1982 is about 1.5 times more likely to be diagnosed with ALS compared with someone who never served in the military; and

WHEREAS, current law and regulations direct the Secretary of the Department of Veterans Affairs (VA) to provide presumptive service-connected compensation for section 3.318, title 38, Code of Federal Regulations; and

WHEREAS, the average age of patients with ALS is 55 years old, and ALS has a poor prognosis, with life expectancy after diagnosis ranging from three to five years for most individuals; and

WHEREAS, there is currently no “cure” for ALS, but some treatments can slow progression or ease symptoms, which leads to improved quality of life; and

WHEREAS, some promising investigational drugs and therapies, including stem cell therapy, have demonstrated increased survival and function for people diagnosed with ALS, but veterans have not had optimal access to these breakthrough therapies through the VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, encourages the VA to seek collaborative partnerships to allow veterans to participate in multisite clinical drug and treatment trials that will expand access to breakthrough treatment for interventions intended to prevent, diagnose, mitigate, treat or cure ALS; AND

BE IT FURTHER RESOLVED that the VA should prioritize research into the causes and effective treatment of ALS as a service-connected condition disproportionately affecting veterans.

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RESOLUTION NO. 478

**Develop Clinical Practice Guidelines on Prevention, Early Detection and Intervention
for Lung Cancer**

WHEREAS, lung cancer is the second-most common cancer in men and women and the leading cause of death from cancer; and

WHEREAS, veterans are more likely to be exposed to hazardous and potentially carcinogenic agents such as dioxin, burn pits and environmental agents than nonmilitary personnel; and

WHEREAS, individuals may not experience or recognize symptoms of lung cancer until the disease has progressed to an advanced stage; and

WHEREAS, even when lung cancer causes symptoms, many people may mistake them for acute health conditions such as infections, which may delay the diagnosis; and

WHEREAS, based on findings that low-dose CT scans (LDCT) caught more early-stage lung cancer than chest X-rays, the American Cancer Society has developed guidance for screening high-risk individuals—including use of annual LDCT screening for people at higher risk for developing lung cancer; and

WHEREAS, early detection may significantly increase the likelihood of successful treatment of lung cancer; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the Department of Veterans Affairs developing and implementing new clinical guidance on the prevention, detection and treatment of lung cancer, including the appropriate use of LDCT scans for early detection of lung cancer in at-risk populations.

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RESOLUTION NO. 479

Urge the Department of Veterans Affairs to Apply a Consistent Coordinated Care Policy for Enrolled Veterans With a Home Residence in Two States

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

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

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

WHEREAS, under VHA Handbook 1101.11(3), veterans who spend a significant part of the year living between two regions and who have complex health care needs requiring close, ongoing care management may have primary care providers assigned at two geographically distant facilities; and

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

WHEREAS, many service-connected veterans are unaware that their VA provider may assess their need for assignment to another facility to manage complex health needs to better coordinate execution of a personal health care plan between the preferred and alternate VA facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to improve its care coordination policy for enrolled veterans with a home residence in two states, especially service-disabled veterans with complex medical needs who may require the assignment of two primary care providers.

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RESOLUTION NO. 491

Require the Department of Veterans Affairs to Address the Need for Telephone Access to Hospital Services and Benefits for Visually Impaired Veterans Trying to Obtain Said Health Care and Benefits Via Land Line or Mobile Phone Devices

WHEREAS, Section 12102, title 42, United States Code § 12102 defines the term “disability” under the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities of an individual; and

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

WHEREAS, the Department of Veterans Affairs (VA) is required as a public entity to follow the precepts of the ADA; and

WHEREAS, veterans must use a telephonic device and navigate the automated system with keypad tones to contact the VA; and

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

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to develop and implement a consistent policy requiring all VA facilities, offices and call centers with optional paths for telephonic initial contact.

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RESOLUTION NO. 543

Improve Timely Reimbursements by the Department of Veterans Affairs for Purchased Care, and 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 and pharmaceutical, mental health and readjustment counseling services; and

WHEREAS, to ensure veterans can receive timely, comprehensive care, Congress authorized numerous VA programs since the early 1920s to purchase care for veterans from non-VA community providers; and

WHEREAS, according to the Government Accountability Office, the VA's use of purchased care programs has increased 82% since the access-to-care crisis in 2014; and

WHEREAS, veterans who are treated by non-VA community providers under any of the VA's community care programs should not be under any financial obligation to defray the full costs of VA-authorized care; and

WHEREAS, the VA MISSION Act (Public Law 115-182) amended most of the VA's community care programs and instituted standards for the VA to promptly pay for care provided to veterans by community care providers; and

WHEREAS, in innumerable cases, service-connected veterans have been billed directly for care provided by community providers despite the VA's obligation to pay in a timely fashion; and

WHEREAS, in some cases, veterans do not receive timely billing or copayment-due notification for services rendered through the VA or a network community care provider for over six months or a year, to include services for emergency care or transportation; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, urges the VA to improve its administrative practices to promptly pay non-VA community providers for care under all of the VA's purchased care program; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation requiring the VA to reimburse or require non-VA community providers to forgive any veterans' copayments for community care, including emergency care or transportation, that are billed over 180 days after services are rendered; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation to properly protect veterans' credit ratings and require the VA to protect veterans from collections actions against service-disabled veterans because of delinquent or delayed payment to non-VA community providers.

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RESOLUTION NO. 548

**Support Naming the Department of Veterans Affairs (VA) Mare Island Clinic
in Vallejo, California, as the Delphine Metcalf-Foster VA Clinic**

WHEREAS, Delphine Metcalf-Foster is a lifelong resident of Vallejo, California; a disabled U.S. Army Reserve veteran of Operation Desert Storm; a Bronze Star Medal recipient; retired as a first sergeant (E-8) in 1996; and a life member of the American Legion, Veterans of Foreign Wars and DAV; and

WHEREAS, Delphine Metcalf-Foster was the first African American woman Commander of the DAV Department of California in 2004–2005 and National Commander in 2017–18; and

WHEREAS, as a past or present member of the Department of Veterans Affairs (VA) Advisory Committee on Women Veterans and the VA Research Advisory Committee on Gulf War Veterans' Illnesses, she was instrumental in the development of over 60 established policies that are currently effective today at Women Veterans Clinics throughout the United States; and

WHEREAS, she has also testified at House and Senate Veterans' Affairs Committee hearings advocating to improve outreach to and services for women and all veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports naming the Veterans Affairs Mare Island Clinic in Vallejo, California, as the Delphine Metcalf-Foster VA Clinic.

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RESOLUTION NO. 549

Support Child Care Assistance for Veterans With Dependents

WHEREAS, section 1709C, title 38, United States Code, “Assistance for childcare for certain veterans receiving health care,” currently calls for the provision of child care for certain veterans receiving eligible categories of health care services; and

WHEREAS, section 1709C(b) limits assistance provided for child care to qualified veterans who (1) receive the types of health care services described in subsequent subsection (c)(2) at a facility of the Department and (2) require travel to and return from such facility for the receipt of such health care services; and

WHEREAS, section 1709C(c) defines a qualified veteran as a veteran who (1) is the primary caretaker of a child or children and (2)(A) receives from the Department (i) regular mental health care services; (ii) intensive mental health care services; or (iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran or (B) is in need of regular or intensive mental health care services from the Department and, but for lack of child care services, would receive such health care services from the Department; and

WHEREAS, the current law significantly limits the categories of veterans eligible for child care; and

WHEREAS, section 1709C(c)(1) should be amended to include granting child care assistance to all service-connected disabled veterans regardless of whether they are the primary caretaker of a child or children or the types of medical care they receive; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to amend the definition of “Qualified Veterans” in section 1709C(c)(2), title 38, United States Code, to permit all service-connected disabled veterans access to child care assistance for all medical appointments at any Veterans Health Administration facility where a veteran receives medical care for a service-connected medical condition.

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RESOLUTION NO. 583

**Support Legislation to Establish Procedures to Require That a Veteran
Provide Written Consent for the Prescription of Certain Drugs
Prescribed by Physicians and Pharmacists**

WHEREAS, black box medications are required by the U.S. Food and Drug Administration to carry special warnings for medications that have a high potential for serious safety risks; and

WHEREAS, warnings communicate potentially rare but dangerous side effects or indicate important instructions for the safe use of the drug; and

WHEREAS, many of these drugs are prescribed, and suicidal ideation is commonly one of their primary side effects; and

WHEREAS, medications have important applications, but vulnerable populations should explicitly know the risks associated with taking them; and

WHEREAS, the Veterans Health Administration (VHA) Handbook notes, “Veterans must be informed of the side effects of and the treatment options for medications and treatments they are prescribed”; and

WHEREAS, clinicians should inform veterans of nonpharmaceutical alternative treatment options to treat chronic injuries or illnesses; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that requires all Department of Veterans Affairs (VA) health care practitioners provide the patient (and/or surrogate) clear and concise explanations for condition(s) or diagnosis(es) and recommended treatment options or procedures to ensure the veteran can make well-informed health care decisions; AND

BE IT FURTHER RESOLVED that VHA obtain written informed consent from veterans that acknowledges they understand the risks associated with these drugs; AND

BE IT FURTHER RESOLVED that clinicians provide all vital information about these medications, including risks and side effects, considering all available evidence-based treatment options and medications to each veteran to minimize or eliminate the potential risk of suicide; AND

BE IT FURTHER RESOLVED that veterans be provided education on the importance of adhering to treatment regimens and prepared for what they may expect during treatment; AND

BE IT FURTHER RESOLVED that all VA health care systems provide oversight and accountability so that all practitioners understand and apply all aspects of policies that govern the expectations and standards of informed consent for clinical treatments and procedures.

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RESOLUTION NO. 584

**Ensure Equity in Quality and Access From Department of Veterans Affairs
and Veterans Community Care Program Providers**

WHEREAS, the Department of Veterans Affairs (VA) use of community care is rapidly increasing in terms of the portion of the budget it spends on such care and as a share of all care provided to enrolled veterans; and

WHEREAS, Public Law 115–182, the VA MISSION Act of 2018, requires the VA to assess the availability of appointments in the Veterans Community Care Program provider network that meet a veteran’s particular needs prior to scheduling that appointment in the community, but the VA has not had data to make such determinations; and

WHEREAS, much of the information Congress intended the VA to use in electing use of community providers under Public Law 115–182, including assessing comparable quality and timeliness for certain service lines, is not systematically collected by these providers; and

WHEREAS, VA providers have access to special training and clinical practice guidelines for certain types of issues veterans experience or are significantly more at risk of experiencing due to military service, including post-traumatic stress disorder, traumatic brain injury, blast injuries, the aftereffects of military sexual trauma, certain toxic exposures and suicidal ideation; and

WHEREAS, a recent RAND report, found that many community providers express concerns about being adequately prepared to address some issues veterans experience as a result of military service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports a requirement that the VA contracts with care intermediaries such as TRIWEST, Optum and Humana require their network providers to collect information comparable to standardized outpatient data that the VA collects, including process, outcome and access data; AND

BE IT FURTHER RESOLVED that providers be required to receive VA training in basic VA benefits and services and in best practices managing common veterans conditions including suicidal ideation, post-traumatic stress disorder, military sexual trauma, traumatic brain injuries and toxic exposures.

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RESOLUTION NO. 585

Provide Research and Assess the Effectiveness of the Use of Immersive Technologies Like Virtual Reality and Augmented Reality, Sometimes Collectively Called Extended Reality

WHEREAS, within the Veterans Health Administration (VHA), as many as 50% of veterans experience chronic pain; and

WHEREAS, veterans living with chronic pain are at an increased risk for suicide because it can lead to other risk factors, such as depression, anxiety and PTSD; and

WHEREAS, according to the Department of Veterans Affairs (VA), virtual reality (VR) already has over 40 documented indications or different applications within VA health care; and

WHEREAS, early data from VA immersive technology implementations has already showed promising results in chronic pain, with participants seeing notable improvement, including a 28% reduction in pain intensity and 28% decrease in anxiety; and

WHEREAS, VA immersive technology is also seeing positive responses for postoperative pain management that can provide a nonpharmacological option to postoperative care; and

WHEREAS, immersive technologies that augment evidence-based practices, such as positive distraction, cognitive behavioral therapy, prolonged exposure and other practices with engaging modalities like VR and augmented reality, are leading an expansion of alternative therapies with increased access and improved outcomes in veterans' care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports VA research in immersive technology and supports funding for hardware and software for use and implementation of immersive technologies with evidence-based therapies.

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RESOLUTION NO. 587

**Request that the Department of Veterans Affairs Cooperate
with Fisher House Fundraising**

WHEREAS, Fisher House provides an important service for the family members of veterans; and

WHEREAS, family support is essential for healing; and

WHEREAS, community hotels are both expensive and may be a safety risk; and

WHEREAS, Fisher House requires no out-of-pocket expense to the Department of Veterans Affairs (VA) nor the veteran's family members; and

WHEREAS, Fisher House provides a place for family members to have proper nutrition and rest; and

WHEREAS, DAV feels that providing the best care for our veterans involves their family members' support and education; and

WHEREAS, DAV is fully supportive of Fisher House as an essential tool of care for the veteran; and

WHEREAS, not all VA hospitals are allowing a Fisher House; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, requests all VA medical centers to fully cooperate with constituents to permit the building and fundraising for Fisher House at every VA that has a greater than 50-mile driving distance to any VA medical center in their state and to cooperate and support the building of such a facility and to fully support local constituents in all efforts to raise the associated costs.

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RESOLUTION NO. 588

**Support Adequate Funding to Sustain the Readjustment Counseling Service
of the Department of Veterans Affairs and Its Vet Center Program**

WHEREAS, in 1979, Congress authorized the establishment of the Readjustment Counseling Service, an independent counseling activity within the then-Veterans Administration's Department of Medicine and Surgery; and

WHEREAS, in 1980, the Veterans Administration opened the first "Vet Center" to provide readjustment services and psychological counseling to Vietnam combat veterans having post-traumatic stress disorder and other conditions related to combat exposure and their experiences in Vietnam; and

WHEREAS, the Vet Centers, now numbering 300 locations, 83 mobile vet centers and 19 vet center outstations nationwide, have proven to be a most useful and effective tool to assist veterans of all eras who seek care for issues associated with exposure to traumatic combat situations, challenges with reintegrating into families and communities, and military sexual trauma, in addition to other problems and to certain family members; and

WHEREAS, Vet Centers provide cost-effective and highly beneficial services, including counseling for post-traumatic stress disorder and other readjustment challenges, suicide prevention and crisis intervention, marriage and family counseling, and family bereavement counseling beneficial to recovery; and

WHEREAS, the Vet Center program has been successful counseling veterans from all prior conflicts needing such readjustment services, including World War II, the Korean War, the war in Vietnam, the Persian Gulf War, and veterans of combat service in the wars in Afghanistan and Iraq; and

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

WHEREAS, Vet Centers are now charged with selecting and administering the peer retreats in both gender-exclusive and mixed-gender groups of veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, commends the work of the Readjustment Counseling Service and of its Vet Centers of the VA and encourages the Vet Centers to maintain funding levels commensurate with the growth in veterans' demand for services and to accommodate outreach to meet unmet needs of additional veterans within the Vet Center catchment areas.

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RESOLUTION NO. 589

Ensure Department of Veterans Affairs Facilities and Information Resources Are Accessible to Veterans With Disabilities

WHEREAS, the Americans with Disabilities Act (ADA) of 1990 serves as the basis for allowing individuals with disabilities to enjoy mainstream access to opportunities for employment, commerce and governmental activities; and

WHEREAS, the ADA requires new construction projects to use barrier-free design and older facilities to use modifications to allow access to individuals with disabilities, including those using wheelchairs, to areas that fulfill the primary function of the business; and

WHEREAS, access to some Department of Veterans Affairs (VA) health facilities, services and equipment remains problematic for some disabled veterans using wheelchairs and service dogs; and

WHEREAS, section 504 of the American Rehabilitation Act of 1973 requires that reasonable accommodations be made to allow people with disabilities to access benefits and services available to individuals without disabilities, including for written and electronic materials; and

WHEREAS, recent reports have found only about 8% of VA websites are accessible to those with visual impairments; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, calls on the VA to ensure its physical space comports to regulations for barrier-free design and address other environment-of-care deficiencies that impact patients' safety and comfort, and that it has equipment necessary to address the needs of veterans with disabilities; AND

BE IT FURTHER RESOLVED that the VA should create project milestones and timelines to ensure that all its primary websites, documents and social media allow veterans with visual impairment to access information within the next five years.

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RESOLUTION NO. 590

Support a Consistent Benefit for Service and Guide Dogs Prescribed by Department of Veterans Affairs Providers and Examine the Benefits of Training Service Dogs for Disabled Veterans

WHEREAS, trained guide dogs and other trained service dogs can have a significant role in restoring or maintaining functionality and promoting maximal independence of individuals with disabilities; and

WHEREAS, some veterans with disabilities such as blindness, deafness, mental illness, and epilepsy and other seizure disorders can better engage in their recovery and live more independently when prescribed service and guide dogs; and

WHEREAS, the Department of Veterans Affairs (VA) prescribes the use of guide and service dogs to veterans enrolled in VA health care when therapeutically indicated to perform specific tasks to allow veterans to restore or maintain function or maximize independence; and

WHEREAS, the VA provides a veterinary benefit for all prescribed service dogs meeting the standards of certain accredited training organizations; and

WHEREAS, the VA has recently completed a multisite, multiyear study of the use of service dogs for veterans with post-traumatic stress disorder compared with those with emotional support dogs, which found that veterans paired with service dogs had more significant reductions in the severity of symptomology and suicidal behavior and ideation; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to continue research to determine the most efficacious use of service dogs for defined populations and, in particular, for veterans with mental health conditions and to broadly publish the results; AND

BE IT FURTHER RESOLVED that the VA determine any additional benefit for veterans with mental health issues involved in training service dogs for themselves or other veterans with disabilities; AND

BE IT FURTHER RESOLVED that the VA ensure that any veteran for whom a service dog is ordered receives the dog at no cost, including reimbursement for any follow-up training deemed appropriate and a veterinary benefit for the life of that service dog.

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RESOLUTION NO. 591

**Support Top-Priority Access for Service-Connected Veterans Within
the Department of Veterans Affairs Health Care System**

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

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

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

WHEREAS, due to inadequate resources, VHA has had 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 Phoenix, Arizona, August 3–6, 2024, supports strict enforcement by VHA, including VHA network and medical center directors, of governing policies providing service-connected veterans priority access to care, unless compelling medical reasons affecting other veterans prevent such priority from being extended to them.

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RESOLUTION NO. 592

**Ensure the Department of Veterans Affairs May Not Deny a Veteran Any Benefits
If That Veteran Participates in State-Approved Marijuana Programs**

WHEREAS, DAV wholeheartedly supports our military, veterans and their families; and

WHEREAS, the Department of Veterans Affairs (VA) should be prohibited from denying a veteran any VA benefit due to participation in a state-approved marijuana program; and

WHEREAS, for those participating in these approved programs, the VA must ensure its health care providers discuss marijuana use with such veterans and adjust treatment plans as well as record such use in the veteran's medical record; and

WHEREAS, the VA shall authorize physicians and other VA health care providers to provide recommendations to veterans who are residents of states with approved marijuana programs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports the VA authorizing physicians and other health care providers to continue to provide comprehensive health care for veterans who are participating in state-approved marijuana programs; AND

BE IT FURTHER RESOLVED that VA health care providers discuss marijuana use with veterans and adjust treatment accordingly.

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Employment, Education and Training



RESOLUTION NO. 98

Remove Requirement That Department of Veterans Affairs Disability Compensation for 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 Phoenix, Arizona, August 3–6, 2024, supports legislation to counter this unjust requirement for ill and injured veterans and their dependents, which can render the dependent child of a service-disabled veteran ineligible for federal student aid.

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RESOLUTION NO. 99

Support Prompt Payment of Contracts to Service-Disabled Veteran-Owned Small Businesses

WHEREAS, the program of contracts for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) on a preferential basis should be of a great assistance to SDVOSBs that hire disabled veterans; and

WHEREAS, we are aware of problems and complaints involving the delayed and nonpayment of contracts; and

WHEREAS, when these SDVOSBs make a formal complaint about delayed, reduced or nonpayments, they face the threat of rejection from future contracts and/or the threat of being put out of business; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the immediate payment of all completed SDVOSB contracts and an investigation by an independent prosecutor of the inappropriate tactics used against Service-Disabled Veteran-Owned Small Businesses.

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RESOLUTION NO. 100

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% 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 Vendor Information Pages (VIP) database is the only one within the federal government that lists businesses that are 51% or more owned by veterans; 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% 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, few government agencies have met, much less exceeded, the set-aside program goal for service-disabled veteran-owned businesses; and

WHEREAS, women-owned small businesses have a required federal contract set-aside goal of 5%, which is greater than the set-aside for VOSBs or SDVOSBs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation and efforts to increase the federal set-asides for VOSBs and SDVOSBs to 5% of all governments agencies to provide parity to those goals for women-owned businesses; AND

BE IT FURTHER RESOLVED that DAV calls on all government agencies to meet the set-aside goal of all prime and subcontract awards to businesses controlled by service-disabled veterans each fiscal year; AND

BE IT FURTHER RESOLVED that Congress should enact legislation requiring the federal government make set-asides mandatory, rather than goals, and should require underperforming federal agencies to make up shortfalls in achieving these requirements 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 goals 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.

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RESOLUTION NO. 101

**Support Legislation to Improve and Protect Education and Employment Benefits
for Disabled Veterans and Their Survivors**

WHEREAS, the Department of Veterans Affairs' (VA's) Veteran Readiness and Employment (VR&E) and Survivors' and Dependents' Educational Assistance (Chapter 35) have been integral to improving the economic outlook for both service-disabled veterans and their survivors; and

WHEREAS, despite improvements in the overall veteran unemployment rate, service-disabled veterans still have a higher rate of unemployment than their civilian counterparts; and

WHEREAS, programs, such as VetSuccess on Campus, that could be used to reach more rural locations, could be expanded and strengthened; and

WHEREAS, both Chapter 35 and the VA's VR&E benefits should be strengthened and protected from budget cuts and fraud, waste and abuse; and

WHEREAS, survivors and dependents of severely disabled veterans should see their benefits under Chapter 35 strengthened and increased so as not to cause a financial burden if they choose to attend school; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that would improve and protect the VA's education and employment benefits for service-disabled veterans and their survivors.

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RESOLUTION NO. 103

Support Legislation to Eliminate the 10-Year Period for the Spouse of a Veteran Who Has Been Adjudicated as Permanently and Totally Disabled Due to Service-Connected Conditions to Be Entitled to Dependents' Educational Assistance Under Chapter 35

WHEREAS, Department of Veterans Affairs (VA) Dependency and Indemnity Compensation (DIC) is a tax-free monetary benefit paid to eligible survivors of military service members who died in the line of duty or eligible survivors of veterans whose deaths resulted from a service-related injury or disease; and

WHEREAS, evidence must show the service member died while on active duty, active duty for training or inactive duty training, or the veteran died from a service-connected illness or injury, or the veteran did not die from a service-connected illness or injury but was eligible to receive VA compensation for a service-connected disability rated as totally disabling for a certain period of time; and

WHEREAS, the veteran's eligibility was due to a rating of totally disabling, they must have had this rating for at least 10 years before their death, or since their release from active duty and for at least five years immediately before their death, or for at least one year before their death if they were a former prisoner of war who died after September 30, 1999; and

WHEREAS, while modern battlefields have become increasingly dangerous, the medical field has matched the technological advances, allowing more veterans with injuries to survive than was the case in past war periods; and

WHEREAS, many of the current generation of veterans who are permanently and totally disabled are relatively young, their spouses likely end up working, caring for the children and acting as caregiver for the veteran, thus not giving them sufficient time to obtain education in those early years; and

WHEREAS, the demands of the spouse to attend to their families' needs often take precedent over their own desire to seek to improve their education; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to eliminate the 10-year delimiting date for spouses eligible for Dependents' Educational Assistance under Chapter 35.

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RESOLUTION NO. 178

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 frequently not recognized as fulfilling the certification and licensure requirements of applicable civilian equivalent occupations by all of the states; and

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

WHEREAS, many occupational career fields in the armed forces could translate to civilian occupations if the DOD, in collaboration with states, unions and certifying/licensing entities, would expand its training curriculum to meet the various certification and licensure requirements of applicable civilian equivalent occupations or forge some other path to do so; and

WHEREAS, once the DOD expands its training approaches to meet the requirements of civilian equivalent career paths, service members could take certification or licensure equivalency examinations to gain journeyman status on par with the military occupation level of proficiency for the state in which they plan to reside; and

WHEREAS, the state in which the military service member plans to reside could then confer the appropriate journeyman equivalent status; and

WHEREAS, as military service members continue to serve, additional training or education could be counted as continuing training or education credits, thereby allowing them to retain certification and/or licensure status; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the elimination of employment barriers that impede the transfer of military occupations to the civilian labor market; AND

BE IT FURTHER RESOLVED that DAV urges Congress to engage in a national dialogue, working closely with the Administration generally, and the DOD, Department of Veterans Affairs and Department of Labor 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.

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RESOLUTION NO. 180

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 five-point preference in federal hiring and service-disabled veterans receive a 10-point preference; and

WHEREAS, numerous special hiring authorities exist in federal law for veterans and service-disabled veterans, including the veterans recruitment appointment authority, Veterans Employment Opportunities Act of 1998 hiring authority, and the 30% or more disabled veterans hiring authority; and

WHEREAS, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, requires most federal contractors to have an "affirmative action" plan for employment of service-disabled veterans, veterans who served during periods of conflict and recently separated veterans; and

WHEREAS, the Uniformed Services Employment and Reemployment Rights Act was enacted to protect veterans from job discrimination and ensure their right to reemployment after an absence due to service in the uniformed services, to include protection for seniority, health insurance and retirement benefits; and

WHEREAS, federal agencies generally have not taken a proactive position on identifying patterns and practices of veterans' preference employment discrimination violations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, 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. 230

Ensure Transparency and Support in Small Business Administration Small Business Loans for Veteran Entrepreneurs

WHEREAS, DAV, dedicated to advocating for ill and injured veterans, has identified a significant concern regarding the Small Business Administration's (SBA's) handling of small business loans for veteran entrepreneurs; and

WHEREAS, interactions with members and constituents reveal a lack of transparency and clarity in small business loan requirements, particularly concerning personal credit scores and revenue streams, leading to hurdles and frustrations for many veteran entrepreneurs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to resolve these issues in a way that benefits the veteran community and promotes entrepreneurship; AND

BE IT FURTHER RESOLVED that DAV demands immediate action from the SBA to mandate transparency and clarity in its communications with veteran entrepreneurs regarding small business loans; AND

BE IT FURTHER RESOLVED that DAV urges the SBA to:

- Clearly outline specific requirements for veteran entrepreneurs seeking small business loans, provide a scale from lowest credit score to qualify to the highest credit score, and provide the maximum amount allowed, making this information readily accessible on the SBA website and in all relevant communication channels;
- Provide realistic average loan amounts alongside maximum loan amounts to offer veteran entrepreneurs a clearer understanding of the financial support they can expect from SBA-backed loans;
- Ensure SBA representatives are adequately trained and equipped with a standardized checklist to assist veteran entrepreneurs so all SBA representatives are giving some information navigating the loan application process, including providing guidance on a flowchart meeting the necessary requirements, helping address any concerns or questions veterans may have;
- include specific guidance on obtaining a Veteran-Owned Business (VOB) certification and its effectiveness in assisting veteran entrepreneurs in securing business funding with follow-up explanation to the veterans for continued progress; AND

BE IT FURTHER RESOLVED that DAV emphasizes the critical role of the SBA in supporting and empowering veteran entrepreneurs by providing them with the necessary information and resources to successfully pursue their small business endeavors.

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RESOLUTION NO. 238

**Support the Adoption of Programs and Legislation to Reduce Barriers
to Employment, Education and Full Use and Access to Other Benefits
Earned Through Service in the United States Military**

WHEREAS, DAV is dedicated to empowering veterans to lead high-quality lives with respect and dignity; and

WHEREAS, a primary focus for DAV is to provide free, professional assistance to service-disabled veterans and their families in obtaining benefits and services earned through military service; and

WHEREAS, furthering their education and seeking gainful employment to support themselves and their families becomes a veteran's immediate and continued focus upon leaving service; and

WHEREAS, upon separation from service, veterans do not always fully understand the scope and breadth of their earned benefits, how to access those benefits, and often do not understand or realize the barriers that impede or infringe on those benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the adoption of programs and legislation to identify, reduce and remove barriers to a service-disabled veteran's employment, continued education, and full access and use of other benefits earned as a result of their service-connected disability.

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RESOLUTION NO. 254

**Support Legislation to Extend the Duration of Veteran Readiness
and Employment 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 Veteran Readiness and Employment (VR&E) services through the VA; and

WHEREAS, disabled veterans are eligible for VR&E for a duration not to exceed 48 months (or its equivalent when pursued on a part-time basis); and

WHEREAS, many veterans do not have any college prior to entering the VR&E program and require basic, entry-level courses to start college; and

WHEREAS, VR&E released its Longitudinal Study Annual Report for fiscal year 2016, in which it states that the average college degree takes up to five years to complete; and

WHEREAS, it would be more equitable if the laws and regulations were changed so that veterans were eligible for VR&E benefits beyond 48 months, extending them to a minimum of 60 months, to ensure that they can complete their program without additional financial burden; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that would allow VR&E benefits to be extended, to a minimum of 60 months, for eligible veterans, to ensure that they can complete their program without additional financial burden.

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RESOLUTION NO. 255

Support Extension of a Period of Employment Services Under the Veteran Readiness and Employment Program

WHEREAS, section 3105, title 38, United States Code (USC), states the period of a Veteran Readiness and Employment (VR&E) program for a veteran may not exceed 48 months; and

WHEREAS, 38 USC §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 face employment barriers even after rehabilitation or achievement of vocational goals; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks to ensure that service-connected veterans receive the services necessary to obtain and maintain suitable employment and supports an extension up to 24 months for counseling and placement and post-placement services.

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RESOLUTION NO. 256

**Protect Veterans From Employment Discrimination When Receiving Health Care
for Service-Connected Conditions**

WHEREAS, the Family and Medical Leave Act (FMLA) requires certain employers to allow employees to take reasonable unpaid leave for qualified medical and family reasons; and

WHEREAS, the National Defense Authorization Acts for fiscal years 2008 and 2010 amended the FMLA to include “qualifying exigency leave” and “military caregiver leave” to better balance the unique needs of employees with family members in the military and family members ill and injured while serving in the military; and

WHEREAS, the FMLA delays service-connected disabled veterans’ eligibility to job-protected medical leave; and

WHEREAS, many service-disabled veterans with the ability to work need ongoing care to maintain their health status and retain their employability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges Congress to extend protection under the FMLA to encompass the medical care needs of veterans with service-connected disabilities.

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RESOLUTION NO. 257

**Support Legislation to Create a Work Projects Program That Guarantees
Federal Employment to Service-Disabled Veterans**

WHEREAS, the federal government set a precedent with the creation of the Works Progress Administration (WPA), later renamed the Work Projects Administration (WPA), to complete major public works projects before World War II; and

WHEREAS, 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 Phoenix, Arizona, August 3–6, 2024, strongly supports legislation to require the United States Congress to create and fund, without reduction to Department of Veterans Affairs and Department of Defense funding, a jobs program similar to WPA, which guarantees federal employment to service-disabled veterans being discharged from military service under other-than-dishonorable conditions.

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RESOLUTION NO. 266

Ensure Veterans Receive Extensions of Education Benefits Due to COVID

WHEREAS, the COVID-19 pandemic disrupted the educational experiences of veteran college students around the country; and

WHEREAS, during a global pandemic and economic recession, these structural barriers and challenges are magnified; and

WHEREAS, even in the absence of a global pandemic, the Post-9/11 GI Bill, which provides generous postsecondary educational benefits for U.S. military veterans and their dependents, is administratively complex; and

WHEREAS, many colleges and universities cite the complexity of veterans educational benefits as a major challenge to supporting veterans once they are enrolled; and

WHEREAS, the Department of Veterans Affairs (VA), the entity responsible for administering those benefits, has a recent history of failing to provide veterans with timely payments of the benefits they deserve; and

WHEREAS, if discharged before January 1, 2013, Post-9/11 GI Bill benefits expire 15 years after separation from the military and Montgomery GI Bill benefits expire 10 years after separation from the military; and

WHEREAS, The Department of Health and Human Services (HHS) Emergency Health ordered schools and universities closed for a period of two years, which halted educational benefits for those veterans leaving service before January 1, 2013; and

WHEREAS, HHS declared under section 319 of the Public Health Service Act that the COVID-19 Public Health Emergency ended on May 11, 2023; and

WHEREAS, the educational disruptions due to COVID-19 increased the complexity and uncertainty of GI Bill funding, which hindered student veterans' educational outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports that Post-9/11 GI Bill (Chapter 33) for those veterans leaving service before January 1, 2013, be converted to the Forever GI Bill with an 18-month extension of benefits.

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RESOLUTION NO. 276

Support Outreach and Employment of Women Veterans

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, 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, 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 368

Eliminate the 12-Year Rule to Request Department of Veterans Affairs Veteran Readiness and Employment Benefits Under Chapter 31, for All Veterans, Leaving the Date to Apply for That Benefit Open-Ended

WHEREAS, not all disabled veterans are aware of their possible entitlements to Department of Veterans Affairs (VA) Veteran Readiness and Employment (VR&E) programs at the time they are awarded service connection for disabilities; and

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

WHEREAS, not all disabled veterans recognize that they will 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 their disability, and the VA also does not put a time limit on requesting another service-connected benefit; and

WHEREAS, Public Law 116–315 removed this period of eligibility but only for veterans who were discharged after January 1, 2013; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks legislation to eliminate the 12-year limitation to apply for VR&E benefits for all veterans, leaving a veteran’s date of entitlement open-ended without time limit.

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RESOLUTION NO. 369

**Provide Educational Benefits for Dependents of Service-Connected Veterans
Rated 70% or More Disabled**

WHEREAS, chapter 35, title 38, United States Code, extends educational assistance to the dependents of service-connected veterans who are evaluated as permanently and totally disabled; and

WHEREAS, many service-connected veterans rated 70%, 80% and 90% disabled have reduced earning ability and cannot afford to assist dependents with the cost of attending higher learning or pursuing vocational training; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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 70% or more.

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RESOLUTION NO. 370

**Support Adequate Staffing Levels of the Department of Veterans Affairs
Veteran Readiness and Employment Service**

WHEREAS, the Department of Veterans Affairs (VA) Veteran Readiness and Employment (VR&E) service is charged with preparing service-disabled veterans for suitable employment or providing independent-living services to those veterans with disabilities severe enough to render them unemployable; and

WHEREAS, transition of service-disabled veterans to meaningful employment relies heavily on the VA's ability to provide vocational rehabilitation and employment services in a timely and effective manner, but the demands and expectations being placed on the VR&E service are exceeding the organization's current capacity to effectively deliver a full continuum of comprehensive programs; and

WHEREAS, the VR&E service has been experiencing a shortage of staff nationwide because of insufficient funding, which, as a result, has caused delays in providing VR&E services to service-disabled veterans, thus reducing their opportunities to achieve successful and timely rehabilitation; and

WHEREAS, 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 hiring of additional employment coordinators, whether the VA is able to meet the current and future demand for employment services; and

WHEREAS, in addition, the current 60 days of employment as the standard for a veteran to be considered fully employed is insufficient given that employers typically require longer probationary employment time frames; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, 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.

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RESOLUTION NO. 371

**Oppose Using Disabled Veterans’ Outreach Program Specialists
and Local Veterans Employment Representatives to Work With
or Process Assistance Programs Unrelated to Veterans**

WHEREAS, the United States Department of Labor’s Veterans’ Employment and Training Service administers programs to assist veterans with their employment and training needs; and

WHEREAS, Disabled Veterans’ Outreach Program (DVOP) specialists provide intensive services to disabled veterans and veterans with barriers to employment in finding work, and Local Veterans Employment Representatives (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 DVOP specialists and LVERs to work on other public-assistance-related programs, which diverts DVOP specialists/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 Phoenix, Arizona, August 3–6, 2024, urges Congress to amend Public Law 112–56 and return the duties of DVOP specialists and LVERs to concentrate their work to aid veterans.

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RESOLUTION NO. 372

**Improve, Reform and 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 be known as the Transition Goals, Plans, Success (GPS) program; 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, is essential to easing some of the problems associated with transition, as is periodic review of training methodology and the collection and analysis of course participant critiques to ensure the program is fulfilling its intended objective, as mandated in Public Law 112-56; and

WHEREAS, as the Transition GPS program was established several years ago, it does not fully contemplate new needs of transitioning service members nor additional programs to improve their transition; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to create new services and to improve and reform the Transition GPS program; AND

BE IT FURTHER RESOLVED that DAV urges Congress to provide comprehensive oversight of the Transition GPS program; its workshops, training methodology and delivery of services; and the collection and analysis of course critiques; AND

BE IT FURTHER RESOLVED that DAV supports the inclusion of 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.

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RESOLUTION NO. 373

**Support Legislation to Strengthen and Protect Service-Disabled
Veteran-Owned Small Businesses**

WHEREAS, the federal government's support of Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) contributes significantly to restoring veterans' quality of life while aiding in their transitions from active duty; and

WHEREAS, the federal government sets aside over \$178 billion in annual small business spending, which the SDVOSBs compete for; and

WHEREAS, the Veterans First Contracting Program was created under Public Law 109-461 for Veteran-Owned Small Businesses (VOSBs) and expanded the Service-Disabled Veteran contracting program for Department of Veterans Affairs (VA) procurements in order for veteran business owners and the government to benefit mutually; and

WHEREAS, the Veterans First Contracting Program's purpose is to ensure that legitimately owned and controlled VOSBs and SDVOSBs are able to compete for VA VOSB and SDVOSB set-asides and help stimulate the small business community and create growth for the economy; and

WHEREAS, the success of the SDVOSB programs greatly benefits the service-disabled veteran community; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports the enactment of legislation that strengthens and protects SDVOSB programs.

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RESOLUTION NO. 382

**Create an Economic Opportunity Administration
Within the Department of Veterans Affairs**

WHEREAS, veterans programs have become more complex over the years; the fragmented nature of these programs has resulted in a decreased ability of senior management to monitor the delivery of each veteran's employment, education and training program; and

WHEREAS, when the Department of Veterans Affairs (VA) was created, the initial reason for doing so was to avoid duplication, fragmentation or delay in the various services provided to veterans; and

WHEREAS, anticipating veterans' long-term needs, not only for health care and disability compensation but also for education and employment, requires a new approach; and

WHEREAS, establishing a fourth administration within the VA dedicated to creating economic opportunities for veterans would increase the visibility and accountability of all veterans education and employment-related programs; and

WHEREAS, despite a steadily increasing workload due to more veterans becoming eligible as the compensation backlog is reduced, programs such as Veteran Readiness and Employment have seen a stagnation of budget requests and even reductions; and

WHEREAS, this new centralized veterans economic opportunity administration should be administered through a new position of Under Secretary for said organization; and

WHEREAS, such a move would allow the Under Secretary for Benefits to focus specifically on the delivery of disability compensation and pension benefits to disabled veterans, their dependents and survivors; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 384

**Support Legislation to Strengthen the Veterans' Employment Emphasis
Under Federal Contracts Statute**

WHEREAS, section 4212, title 38, United States Code (USC), requires federal contractors to give preference in hiring to disabled veterans; and

WHEREAS, veterans themselves are required to enforce the law, presuming those that are covered by the law are aware of it and are able to detect violations; and

WHEREAS, the requirement does not take effect unless a legally mandated provision is included in federal contracts; and

WHEREAS, federal agencies regularly omit the mandatory provision from applicable contracts; and

WHEREAS, millions of veterans entitled to valuable employment assistance are being denied without recourse; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that will amend 38 USC §4212 to clearly require automatic, active recruiting and hiring of veterans by federal contractors.

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RESOLUTION NO. 385

Support Legislation to Remove the Restriction Against the Transferring of Education Benefits of the Post-9/11 GI Bill Directly to Any Dependent of the Veteran at Any Time

WHEREAS, current law provides restrictive rules and regulations limiting the transfer of education benefits to a dependent of the veteran; and

WHEREAS, veterans with entitlement to the Post-9/11 GI Bill who did not transfer entitlement to dependents through registering in the Defense Enrollment Eligibility Reporting System once separated from service can no longer transfer entitlement to new dependent; and

WHEREAS, therefore these veterans who wish to transfer entitlement to a new spouse, adopted child or any dependent not listed cannot do so; and

WHEREAS, this restriction of utilizing the earned education benefit to the veteran's wished purpose for the veteran's family is restricted; and

WHEREAS, allowing the veteran to transfer entitlement of post-9/11 education benefits to any dependent of the veteran at any time would be of the veteran's wishes and good purpose of the veteran's earned entitlement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to repeal the restrictions of entitlement to transfer post-9/11 education benefits to any dependent of the veteran at any time.

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RESOLUTION NO. 386

**Support Legislation to Extend, Expand and Reform Work Opportunity Tax Credits
and Other Employer Incentives to Hire and Retain Veteran Employees**

WHEREAS, the Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers for hiring and employing individuals from certain targeted groups, including disabled veterans; and

WHEREAS, in general, WOTC is equal to 40% of up to \$6,000 of wages paid to, or incurred on behalf of, an individual who is in their first year of employment; is certified as being a member of a targeted group; and performs at least 400 hours of services for that employer; and

WHEREAS, WOTC is only applicable for hiring a certified veteran prior to December 31, 2025, and does not apply beyond that first year; and

WHEREAS, WOTC was extended in September 2021 and will expire December 31, 2025; and

WHEREAS, a RAND Corporation study on qualified veterans found that WOTC increased their employment rates by 2% and increased their wage income by nearly 40%; and

WHEREAS, another study, The Effects of an Employer Subsidy on Employment Outcomes: A Study of the Work Opportunity and Welfare-to-Work Tax Credits, found no evidence for WOTC having a positive impact on either employment rates or wages in the long term; and

WHEREAS, veterans with service-related injuries deserve the opportunity for long-term employment and retention in a variety of career fields; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to extend WOTC beyond December 31, 2025; AND

BE IT FURTHER RESOLVED that DAV supports legislation to expand and reform WOTC tax credits for employers who employ certified veterans beyond the first year; AND

BE IT FURTHER RESOLVED that DAV supports legislation to enact other tax credit incentive programs for employers to hire and retain disabled veterans in a variety of locations.

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RESOLUTION NO. 396

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% 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 the VA), allows for a 10-year transition period to the surviving spouse of a 100% service-disabled veteran owner of a SDVOSB or a veteran owner who dies as a result of a service-connected disability; and

WHEREAS, authorizing the surviving spouse or heirs of a service-disabled veteran to have 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 Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to provide a reasonable transition period for all SDVOSBs, not covered by Public Law 109–461, to retain their SDVOSB status with the federal government following the death of the service-disabled veteran owner via a surviving spouse, children or heirs, thus allowing the business to restructure over time without necessarily downsizing, laying off workers or closing.

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RESOLUTION NO. 397

Support Fraud Prevention Controls Over the Service-Disabled Veteran-Owned Small Business Program

WHEREAS, the Service-Disabled Veteran-Owned Small Business (SDVOSB) program has been vulnerable to fraud and abuse, allowing ineligible companies to receive millions of dollars in contracts; 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, the Government Accountability Office found that the SDVOSB program is vulnerable to fraud and abuse, which could result in legitimate service-disabled veterans' firms losing contracts to ineligible firms; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, seeks and strongly supports creating effective resources to investigate, prevent and monitor the SDVOSB program and to ensure that fraud is aggressively prosecuted or companies having committed fraud are suspended, debarred or otherwise held accountable.

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RESOLUTION NO. 554

Support Veteran Status Protections Against Employment Discrimination

WHEREAS, Title VII of the Civil Rights Act of 1964, as amended (42 USC §2000e), protects individuals against unlawful employment practices or otherwise prohibits discrimination because of such individual's race, color, religion, sex or national origin; and

WHEREAS, Title I of the Americans with Disabilities Act of 1990 (ADA), as amended (42 USC §12101), protects individuals against unlawful employment practices or otherwise prohibits discrimination because of such individual's a) physical or mental impairment that substantially limits one or more major life activities of such individual, b) record of such an impairment, or c) being regarded as having such an impairment; and

WHEREAS, presently, veteran status is not considered a protected category against unlawful employment practices or employment discrimination under existing federal statutes; and

WHEREAS, the ADA only provides protections against employment discrimination for veterans with a qualifying disability as defined under the ADA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the United States Congress to amend Title VII of the Civil Rights Act of 1964 to include veteran status as a federally protected category against unlawful employment practices and discrimination.

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RESOLUTION NO. 593

**Support Verification Improvements for Veteran-Owned Businesses
Within the Department of Veterans Affairs**

WHEREAS, 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 Contracting Program to enter into contracts first with Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and then with Veteran-Owned Small Businesses (VOSBs); and

WHEREAS, Congress has found that the VA has entered into contracts pursuant to the Veterans First Contracting 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 Phoenix, Arizona, August 3–6, 2024, recommends the VA simplify its verification process for SDVOSBs and VOSBs interested in participating in the VA's Veterans First Contracting Program.

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RESOLUTION NO. 594

**Support Legislation to Create, Improve and Reform Federal Programs
for Service-Disabled Veteran Entrepreneurship**

WHEREAS, the federal government has established programs to assist Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and veteran self-employment, but many of these programs have not been reformed or updated in multiple years; and

WHEREAS, the Department of Veteran Affairs' (VA's) program Veteran Readiness and Employment (VR&E) in 2023 provided education and employment services to over 167,000 eligible disabled veterans; and

WHEREAS, VR&E has a self-employment track; however, its eligibility is open to only "veterans with the most severe service-connected disabilities who require homebound training or self-employment," resulting in just 175 veterans participating in the self-employment track in 2023; and

WHEREAS, veterans with service-related injuries deserve the opportunity for self-employment that accommodates their employment barriers and provides them with financial empowerment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to create new federal programs for service-disabled veteran entrepreneurship; AND

BE IT FURTHER RESOLVED that DAV supports legislation to improve and reform existing federal service-disabled veteran entrepreneurship programs; AND

BE IT FURTHER RESOLVED that DAV supports legislation to expand eligibility for the self-employment training within the VA's VR&E program.

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RESOLUTION NO. 595

Support Legislation to Reimburse, Replace and Extend Education and Vocational Benefits for Disabled Veterans and Their Survivors for Education/Training Impacted by Any National Emergency

WHEREAS, all educational and vocational programs administered by the Department of Veterans Affairs (VA) have an established number of months of potential eligibility; and

WHEREAS, the underlying premise for the educational and vocational programs is to enable the veteran and/or their dependents to obtain college/university/trade school-based education; and

WHEREAS, during certain situations, all schools/colleges/universities may experience impacts to the ability to serve the student population, to include both classes and counseling; and

WHEREAS, this disruption impacted the quality of education obtained during certain periods, and some schools/students continue to face difficulties in adjusting to changes imposed by lockdowns and the COVID-19 pandemic; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, proposes, seeks and strongly supports Congress directing the VA to not count the semesters/quarters of school that were interrupted due to any national emergency declared by the President or VA Secretary, as outlined in Public Law 117–333, against the overall number of months of eligibility for any veteran/dependent who was in receipt of benefits from any VA education or vocational program at the time, and continuing until such a time as Congress determines that stability to the educational process has returned; AND

BE IT FURTHER RESOLVED that DAV supports legislation to ensure that any delimiting date, whether through time frame of eligibility or, in the case of dependent children, the attainment of age, be extended for one full semester/quarter for each semester/quarter impacted by national emergency disruptions.

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RESOLUTION NO. 596

Encourage the Department of Veterans Affairs to Institute an Outreach Program to Businesses That Hire Veterans and Want to Maintain Their Veteran Workforce

WHEREAS, the Department of Veterans Affairs (VA) has many programs designed to help veterans obtain training and gain employment; and

WHEREAS, there is no VA program designed to help businesses retain veterans who are employed; and

WHEREAS, veterans that are employed suffer from many disabilities, both physical and mental; and

WHEREAS, employers often struggle to help a veteran who is in crisis and shuts down or becomes severely depressed, or even suicidal, leaving many businesses to release the veteran from their employment; and

WHEREAS, arming businesses with the VA resources to help their veteran employees will help businesses become more successful and help the veteran maintain employment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the VA to institute an outreach program to businesses that hire veterans and want to maintain their veteran workforce.

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General



RESOLUTION NO. 6

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 Phoenix, Arizona, August 3–6, 2024, supports renewing and expanding direct bilateral humanitarian efforts for the purpose of restoring and improving U.S. agreements and processes with counterpart nations required to account as fully as possible for unreturned American military personnel.

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RESOLUTION NO. 13

**Support Legislation to Assign a Department of Veterans Affairs (VA) Liaison
at Each VA Regional Office**

WHEREAS, due to the passage of the Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act (Public Law 117–168), the Department of Veterans Affairs (VA) has substantially increased hiring of claims processors; and

WHEREAS, the VA has been implementing artificial intelligence (AI) technology to review and process a veteran claim; and

WHEREAS, the Veterans Benefits Administration (VBA) has moved claims processing to a National Work Queue, allowing a veteran’s claim to be worked on by any VA Regional Office (VARO) across the country, eliminating the veterans service organizations (VSO) from having a direct point of contact (POC) at their VARO to present and discuss these issues in real time with the VA prior to the adjudication of a claim; and

WHEREAS, the veteran’s home VARO holds no jurisdiction over that veteran’s claim, leaving the VSO with no POC and no accountability; and

WHEREAS, this results in only very time-consuming and frustrating options available, which causes significant hardships on the disabled veteran due to the delays and possible mistakes made by the claims processors; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports that VBA create a VSO liaison position at each VARO, to allow veterans’ representatives to have a POC for any claims processing issues.

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RESOLUTION NO. 48

Encourage All Disabled Veterans to Become Registered Voters and Vote

WHEREAS, members of DAV served their country during time of war in order to preserve the rights and privileges of life in this land of the free; and

WHEREAS, one of the most precious of those rights is the right to vote; and

WHEREAS, the United States Congress and the Administration often fail 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 often target 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 49

Support the Continued Growth of Veterans Treatment Courts for Justice-Involved Veterans

WHEREAS, many military service members and veterans return from today's overseas combat engagements with signature wounds of polytrauma, traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), and other mental health and repatriation challenges, and veterans from earlier eras have absorbed their own signature disabilities, including PTSD; and

WHEREAS, some veterans resort to overuse of substances in their attempts to cope with their chronic physical and mental health challenges, other barriers and obstacles, and pain; and

WHEREAS, as a consequence of chronic substance use disorder or lasting residuals of combat exposure, a minority of veterans display antisocial and even criminal behaviors and thus become involved with law enforcement and justice systems; and

WHEREAS, Veterans Treatment Courts evolved from a proven national model of diversionary drug courts and mental health courts to address the specific situations of veterans and to maximize efficiency of available resources while making use of the distinct military culture to which veterans are accustomed; and

WHEREAS, in a 2016 report, the Government Accountability Office found large increases in workloads and heard reports from justice-involved veterans indicating that there is a need to add staff and resources to the Veterans Justice Outreach Program, in addition to improving effectiveness by developing and monitoring goals for its coordinators; and

WHEREAS, many justice-involved veterans are eligible for the financial benefits, social supports and health care services available through the Department of Veterans Affairs (VA) and through other national, state and local veterans programs; and

WHEREAS, grouping troubled veterans together within specific court dockets expedites access to helpful resources and promotes the camaraderie and mutual support found among veterans; and

WHEREAS, veterans in general deeply value their military experiences and share an inimitable bond with their peers, and the veterans courts build upon this bond by enabling veterans to proceed through the treatment court process with people who are similarly situated and by pairing together veterans and mentors; and

WHEREAS, years of experience from the Veterans Treatment Courts now in existence nationwide have produced a statistically significant reduction of recidivism rates in veterans compared with 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 Phoenix, Arizona, August 3–6, 2024, supports the continued growth of the Veterans Treatment Courts throughout our nation and urges adequate support for the increasing resource needs of the VA program in addition to identification of appropriate goals and metrics to determine the programs' effectiveness; AND

BE IT FURTHER RESOLVED that all DAV departments and chapters are encouraged to support additional veterans courts and work with local VA officials and law enforcement to build support for the establishment of these courts; AND

BE IT FURTHER RESOLVED that DAV calls on departments and chapters to work in support of state legislation where necessary to authorize veterans courts.

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RESOLUTION NO. 104

**Support Legislation to Protect, Improve and Reform
the National Cemetery Administration**

WHEREAS, the Department of Veterans Affairs (VA) through the National Cemetery Administration (NCA) operates 156 national cemeteries and 34 soldiers' lots and monument sites in 42 states and Puerto Rico; and

WHEREAS, more than 4 million Americans, including veterans of every war and conflict, are buried in the VA's national cemeteries; and

WHEREAS, NCA is charged with maintaining nearly 23,000 acres of land across the country; and

WHEREAS, with the demand for burial space increasing as the nation's veteran population is aging, NCA must have the appropriate funds and resources for expansions, maintenance and upgrades; and

WHEREAS, veterans and their families should have ease of access, eligibility and expansion of burial benefits including headstones, markers and medallions; and

WHEREAS, NCA frequently receives less funding than is recommended, which makes it difficult for it to maintain and grow the current cemeteries, let alone add new initiatives to improve the final resting place for veterans and their families; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports legislation to adequately fund NCA; fund cemetery expansions; and reform eligibility for burials and entitlement to headstones, markers and medallions.

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RESOLUTION NO. 105

**Support Adequate Funding for the National Cemetery Administration's
State Cemetery Grant Program**

WHEREAS, the State Cemetery Grant Program is a critical resource that allows states to expand options for veteran internments; and

WHEREAS, partnerships between the National Cemetery Administration (NCA) and tribal, state and local cemeteries are critical in ensuring that veterans have a burial option; and

WHEREAS, local cemeteries can expand veteran burial options by raising half of the funds required to establish or expand a veterans cemetery, work with local government agencies and zoning commissions, and complete the grassroots steps needed for the expansion, and the Veterans Cemetery Grants Program provides the remaining funding; and

WHEREAS, before NCA can provide a grant, the cemetery must secure legislative authority and matching appropriations from its state, territorial or tribal government; and

WHEREAS, the Department of Veterans Affairs annual budget has historically underfunded this program; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports funding all NCA Veterans Cemetery Grants Program applications that have local support and matching funds to ensure all veterans have burial options.

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RESOLUTION NO. 106

**Provide Scam and Fraud Protection for Veterans, Their Families,
Caregivers and Survivors**

WHEREAS, veterans and their benefits are the targets of many types of fraud, to include mail, telephone and online fraud and identify theft; and

WHEREAS, our nation's veterans need consistent guidance on how to identify, report and avoid fraud and scam attempts; and

WHEREAS, currently the Department of Veterans Affairs (VA) does not have a single source or office responsible to identify or report on fraud and scams aimed at veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to require the VA to create an office to provide protection from fraud and scams by providing veterans, their families, caregivers and survivors with training on how to identify and report frauds and scams.

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RESOLUTION NO. 135

Provide Weekend Burials at National Cemeteries

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

WHEREAS, the National Cemetery Administration (NCA) operates 156 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, NCA works to continually improve customer satisfaction, meeting the wishes of veterans and their loved ones; and

WHEREAS, providing weekend burial at a national cemetery eases scheduling and lightens the burden on veterans' survivors, many of whom may need to travel great distances to pay their final respects and honor their loved one as they are 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 guards at funeral services due to scheduling; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks legislation that would authorize weekend burials for service-connected veterans at all cemeteries operated by NCA.

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RESOLUTION NO. 136

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 and 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 Phoenix, Arizona, August 3–6, 2024, supports and commends the efforts of the American POWs of Japan to reclaim their dignity and attain full justice from the government of Japan and those Japanese private companies that enslaved them; AND

BE IT FURTHER RESOLVED that DAV insists the government of Japan provide and publicize an official transcript in English and Japanese of the government's 2009 apology to the American POWs; AND

BE IT FURTHER RESOLVED that DAV insists Congress and the Administration work with all parties involved to ensure the continuation of the POW visitation program to Japan; that it be expanded to include family members and descendants; and funds be provided for a dedicated program of research, documentation, exchange and education; AND

BE IT FURTHER RESOLVED that DAV will work with all parties involved to persuade the private Japanese companies that benefited from POW slave labor during World War II, especially those companies now doing business in the United States, to follow the Japanese government's lead in acknowledging their use and abuse of American POW labor and join with the Japanese government in 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. 137

Support Adequate Air Travel Accommodations for Disabled Veterans

WHEREAS, disabled veterans face unique challenges when traveling by air; and

WHEREAS, travel as a disabled veteran can be more expensive; and

WHEREAS, airlines often are not required to pay for damage to walkers, wheelchairs or other assistance aids; and

WHEREAS, disabled veterans traveling with service dogs often require additional space and require more legroom; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports an easier way to book travel for disabled veterans in need of extra legroom, with no extra charge, and reasonable reimbursement of medical equipment or rental cost if damage occurs during transportation; AND

BE IT FURTHER RESOLVED that legislation be made to assist in ease of travel for disabled veterans with caregivers and/or service dogs; AND

BE IT FURTHER RESOLVED that veterans be granted the ability to identify themselves online as a disabled veteran with an ADA chatbot as they book online tickets and as such should not incur an additional cost.

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RESOLUTION NO. 138

**Support Meaningful Accountability Measures, But With Due Process,
for Employees of the Department of Veterans Affairs**

WHEREAS, in order to ensure that veterans receive the benefits and services they have earned, every Department of Veterans Affairs (VA) employee, manager and leader must faithfully fulfill their duties and responsibilities; and

WHEREAS, when VA employees fail veterans due to poor performance or misconduct, these individuals must be held accountable for such failures; and

WHEREAS, accountability constitutes a range of actions, including remedial training; demotion; suspension; and, when justified, termination; and

WHEREAS, the VA's long-term future must foster an environment in which the best and brightest individuals choose VA employment over other federal or private employers; and

WHEREAS, poor performance and misconduct cannot be tolerated, but all VA employees must be confident that fairness and due process govern selection, promotion, demotion, sanction or termination; and

WHEREAS, without such assurances of fairness and due process in the workplace, talented individuals may not entertain working in or remaining at the VA; and

WHEREAS, pending legislative proposals before Congress would heighten accountability; however, any bill enacted by Congress should include standards by which accountability can be measured while ensuring due process and fairness for VA employees subject to such standards; and

WHEREAS, civil service protections enacted decades ago came about as a consequence of cronyism, politicization and ill treatment of civil servants, including terminations for almost any reason or no reason; and

WHEREAS, ensuring that the civil service remains free of political influence is a principle that must be protected to guarantee that VA employees are never appointed, demoted or terminated for political or personal reasons; and

WHEREAS, sanctions against VA employees based on performance must be made only if measurable performance standards have been clearly communicated but still violated; and

WHEREAS, VA managers must be empowered to use existing policies in a timely manner to sanction employees who fail to meet their documented performance standards; and

WHEREAS, applying sanctions exclusively to VA employees in the wake of a scandal is in contravention of civil service rules that regulate the entire federal workforce; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, 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. 183

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 Phoenix, Arizona, August 3–6, 2024, condemns any individual or group who at any time publicly and willfully desecrates the flag of the United States.

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RESOLUTION NO. 185

**Seek the Immediate Release of Any Americans Who May Still Be Held
Captive Following Any War and the Return and Identification of the Remains
of Any Americans Who Died During These Wars**

WHEREAS, the members of DAV are deeply concerned for the thousands of American service members still unaccounted for in the aftermath of wars; and

WHEREAS, numerous 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 1,500 still missing in Southeast Asia from the Vietnam War; less than 10 from the Persian Gulf War; and less than five from the Afghanistan/Iraq War, who have not been forgotten; and

WHEREAS, 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 (POWs) and missing in action from Southeast Asia; and

WHEREAS, DAV believes that the SRV can increase its unilateral efforts to account for Americans still missing in action, especially those who were last known alive in captivity or immediate proximity to capture; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, urges the United States government to ensure this issue be considered as one of America's highest priorities by accelerating efforts to obtain the release of any American who may still be held captive and obtain, to the fullest possible extent, an accounting of those still missing and the repatriation of the remains of those who died while serving our nation; AND

BE IT FURTHER RESOLVED that DAV urges the government of the SRV to increase its unilateral efforts to account for American POW/MIAs, including locating and making available remains of Americans last known alive in captivity that have not previously been returned.

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RESOLUTION NO. 186

**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 was created by Public Law 100–687 on November 18, 1988; 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 Phoenix, Arizona, August 3–6, 2024, 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.

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RESOLUTION NO. 187

**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 Phoenix, Arizona, August 3–6, 2024, opposes any rule or provision that would authorize human experimentation on service members without their knowledge and informed consent.

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RESOLUTION NO. 205

Ensure Landlords Participating in the Housing and Urban Development-Veterans Affairs Supportive Housing Program Cannot Charge Veterans More Than the Amount Specified in the Housing Choice Voucher Agreement

WHEREAS, eligibility for U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) vouchers depends on a veteran's meeting the initial income eligibility for veterans at 80% of the area median income (AMI); and

WHEREAS, the HUD-VASH program provides rental assistance and supportive services to help veterans find and maintain permanent housing; and

WHEREAS, the purpose of HUD-VASH is to provide rental assistance to homeless veterans through HUD's Housing Choice Voucher (HCV) program, paired with case management and clinical services from the VA; and

WHEREAS, landlords participating in the HUD-VASH program cannot charge veterans more than the amount specified in the HCV agreement, and the rent charged by the landlord must be reasonable and within the limits set by the local public housing agency based on fair market rent standards; and

WHEREAS, our nation's veterans should be given every opportunity to succeed; and

WHEREAS, charging the veteran full rent or a program fee on top of what the landlord is receiving from HUD-VASH further financially strains the veteran; and

WHEREAS, landlords cannot impose additional charges beyond what is agreed upon in the lease and covered by the voucher; and

WHEREAS, success in the HUD-VASH program would be for the veteran to become financially independent after being counseled and assisted with attaining the benefits they earned by service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports implementing a policy that ensure landlords participating in the HUD-VASH program cannot charge veterans more than the amount specified in the HCV agreement and supports any penalties if landlords charge the veteran any money out of pocket over what is directed by HUD-VASH program.

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RESOLUTION NO. 215

**Support Legislation to Waive Fees for Firearms Identification Cards and Licenses
to Carry Firearms for Service-Disabled Veterans**

WHEREAS, our nation's military personnel have served our country in many different ways, but all have one thing in common, that they have chosen to put everything on the line, up to and including their lives, to protect our nation; and

WHEREAS, although there may be many ways of saying thank you, approving a waiver of all fees to obtain a license to carry a firearm will have little effect, other than to show the veteran that he or she is valued and appreciated; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, that the cost for a firearms identification card and all other associated licenses be waived for all honorably discharged service-disabled veterans.

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RESOLUTION NO. 216

Support Legislation to Establish a No-Cost National Military/Veterans Fishing License

WHEREAS, it has been shown that fishing is a relaxing activity that is enjoyed by a large percentage of the veteran population; and

WHEREAS, outdoor recreation is also used to help veterans and military personnel with mental health issues such as, but not limited to, post-traumatic stress disorder; and

WHEREAS, military life is, by its very nature, nomadic, which leads to veterans and military personnel having roots in multiple states; and

WHEREAS, many veterans and military personnel have “battle buddies” with whom they keep in close touch and on whom they rely to assist with their mental health; and

WHEREAS, fighting veteran military suicide is such a high priority for America; and

WHEREAS, providing a no-cost veterans fishing license would be a relatively easy way to help veterans and military personnel find a little peace of mind, no matter where they travel or live; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports a no-cost national veterans fishing license to ease the cost to veterans and help the mental health of both veterans and military personnel.

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RESOLUTION NO. 232

Support Legislation to Guarantee United States Citizenship to Honorably Discharged Service-Disabled Noncitizen Veterans

WHEREAS, noncitizen service members have played an important role in the United States military since the Revolutionary War, and thousands continue to serve honorably today; and

WHEREAS, persons with noncitizen status who are permanent residents of the United States have permission to work in the United States, and those who have obtained a high school diploma and speak English are eligible to enlist in the United States military; and

WHEREAS, current law allows noncitizen veterans to apply for expedited citizenship if they meet age and length-of-service requirements and demonstrate English proficiency and knowledge of the history and government of the United States—however, meeting these criteria does not guarantee citizenship will be awarded; and

WHEREAS, honorably discharged veterans with disabilities due to military service, service-related disabilities pending awards of service connection, or disabilities incurred during or as a result of military service but not awarded service connection should be guaranteed citizenship for their honorable service; and

WHEREAS, these veterans should have the opportunity to live without fear of deportation from the country they fought for; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to provide honorably discharged veterans with disabilities as a result of their military service, regardless if service connection has been established for such conditions, guaranteed citizenship.

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RESOLUTION NO. 239

**Support Legislation to Regulate the Department of Veterans Affairs
Use of Artificial Intelligence**

WHEREAS, Executive Order 13960 established principles for the use of artificial intelligence (AI) while fostering public trust and building confidence; and

WHEREAS, data and data models that are often either created by or influenced by humans are used to create AI processes which can introduce bias; and

WHEREAS, studies show that AI processes themselves can create and/or introduce their own types of bias; and

WHEREAS, the Department of Veterans Affairs (VA) has, through its published AI Vision and AI Strategy, suggested it will be in the middle of the pack, or by virtue of its size, ahead of the pack in its adoption and use of AI; and

WHEREAS, a veteran's claim decision could be delayed or otherwise altered as a result of incorrect or misleading information; and

WHEREAS, the shifting of even repetitive processes and tasks should be providing better outcomes for veterans and enabling the VA to redirect human capital resources to other critical functions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to ensure the automated tools used to make a claim decision do not create any delays in the processing of claims; AND

BE IT FURTHER RESOLVED that DAV urges the VA to provide unparalleled transparency in its use of AI with veterans' claims; AND

BE IT FURTHER RESOLVED that DAV urges the VA to provide semiannual updates to stakeholders on tasks and functions transferred to AI; the outcomes of those tasks and functions; and the work that the human capital, now removed from these tasks, was diverted to accomplish.

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RESOLUTION NO. 388

Support Legislation to Expand the Travel Area That Service-Connected Veterans Having a Permanent Disability Rated 100% May Travel From the Continental United States to the Continental United States and Overseas

WHEREAS, the 2019 National Defense Authorization Act allows totally disabled service-connected veterans to travel space available aboard military aircraft; and

WHEREAS, the military has interpreted the language in the act to authorize disabled veterans to travel in the continental United States (CONUS); or directly between CONUS and Alaska, Hawaii, Puerto Rico, the U.S. Virgin Islands, Guam and American Samoa (Guam and American Samoa travelers may transit Hawaii or Alaska); or traveling within Alaska, Hawaii, Puerto Rico or the U.S. Virgin Islands on flights operated by the Air Mobility Command; and

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

WHEREAS, more than any other living group of Americans, such veterans should be eligible for all benefits and privileges that Congress may provide; and

WHEREAS, such totally disabled veterans should be extended the same privileges as other personnel currently authorized to utilize space-available military air travel; and

WHEREAS, the extension of such travel to totally disabled service-connected veterans would not place any additional burden upon the administration of this program; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, seeks the enactment of legislation that would extend the travel area for space-available travel for service-connected veterans having a permanent disability rated 100% to and from CONUS and overseas.

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RESOLUTION NO. 389

**Support Legislation to Extend Space-Available Air Travel
to Caregivers and Dependents of Eligible Veterans**

WHEREAS, the 2019 National Defense Authorization Act allows totally disabled service-connected veterans to travel space available on military aircraft; and

WHEREAS, this benefit does not include a veteran's caregiver or dependent; and

WHEREAS, active military and retirees are authorized to travel via space-available travel with their dependents; and

WHEREAS, veterans that are eligible are severely disabled and often need the aid or assistance of a caregiver or family member to deal with the rigors of travel; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation to authorize air travel for caregivers or dependents traveling with eligible veterans on a space-available basis in order to provide aid or assistance as well as to provide parity with Department of Defense eligibility for military retirees.

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RESOLUTION NO. 390

Support Legislation to Protect Honorably Discharged, Noncitizen Veterans From Deportation While Applying for Citizenship

WHEREAS, current law allows documented noncitizens the opportunity to serve in the United States military; and

WHEREAS, the Immigration and Nationality Act of 1965 (INA) allows noncitizen service members to apply for naturalization during peacetime after one year of honorable service and allows noncitizen service members to apply for naturalization during periods of hostility after one day of honorable service; and

WHEREAS, noncitizen recruits often receive incorrect or incomplete information regarding their options to become U.S. citizens through military service, and less than half (43.8%) of noncitizen service members naturalize while on active duty; and

WHEREAS, noncitizen veterans arrested for crimes that may be due to underlying and untreated conditions incurred in military service are subject to immediate deportation; and

WHEREAS, current law does not provide any special protection for wartime-service-disabled veterans who may become subject to deportation post-service; and

WHEREAS, wartime-service-disabled, noncitizen veterans who get deported effectively lose access to Department of Veterans Affairs (VA) health care services and access to VA benefits; and

WHEREAS, Veterans Treatment Courts allow wartime veterans arrested for service-related, nonviolent, nonfelony crimes to address their service-related mental health or substance abuse issues, which may result in removing charges upon successful completion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports the enactment of legislation to protect honorably discharged, wartime, noncitizen veterans with service-related disabilities from deportation without due process and the opportunity to participate in any VA program, including the Veterans Treatment Court; AND

BE IT FURTHER RESOLVED that DAV supports the enactment of legislation to protect honorably discharged, wartime, noncitizen veterans with service-related disabilities from deportation while filing and awaiting a decision on their application for U.S. citizenship.

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RESOLUTION NO. 391

**Support Federal Laws, Regulations, Programs and Policies That Enhance,
and Oppose Those That Diminish, DAV's Ability to Fulfill Its Mission
of Assisting Service-Disabled Veterans, Their Families and Survivors**

WHEREAS, DAV was founded by Judge Robert Marx and several hundred other fellow veterans on September 25, 1920, in Cincinnati, Ohio, in order to rally their collective voice in the halls of Congress and help their fellow disabled veterans; and

WHEREAS, DAV was chartered by Congress on June 17, 1932, as a nonprofit war veterans organization to advance the interests, and work for the betterment, of all wounded, injured and disabled American veterans; and

WHEREAS, DAV is recognized by the Department of Veterans Affairs (VA) as a congressionally chartered veterans service organization for the purpose of preparation, presentation and prosecution of claims for VA benefits; and

WHEREAS, DAV is a tax-exempt veterans organization under Section 501(c)(4) of the Internal Revenue Code and is recognized by the Internal Revenue Service as a charitable war veterans organization eligible to receive tax-deductible contributions; and

WHEREAS, DAV has a national headquarters in Kentucky; a Washington headquarters in Washington, D.C.; and hundreds of service officers working inside VA offices and on military bases across the country to support veterans and their families seeking benefits and services earned through their service; and

WHEREAS, DAV has 52 departments, over 1,200 chapters and approximately 1 million members who provide their time, talents and resources to help fulfill DAV's mission of empowering veterans to lead high-quality lives with dignity and respect; and

WHEREAS, DAV provides meaningful support free of charge to more than 1 million veterans and family members every year through its service, volunteer, transportation, employment, legislative, communications and charitable programs; and

WHEREAS, changes to federal laws, regulations, programs and policies can enhance or diminish DAV's ability to fulfill its mission as a federally chartered, nonprofit charitable veterans service organization and its members' ability to support that mission; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3-6, 2024, supports federal laws, regulations, programs and policies that enhance, and will oppose those that diminish, DAV's ability as a nonprofit veterans organization to assist ill and injured veterans, their families and survivors.

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RESOLUTION NO. 444

Extend Space-Available Air Travel to Certain Service-Connected Disabled Veterans

WHEREAS, congress signed the John S. McCain National Defense Authorization Act, 2018, allowed 100% service connected disabled veterans to be eligible for Space-Available Travel; and

WHEREAS, many veterans who are service connected but not rated 100%. Permanent service-connected disabled have been deprived of the of the ability to utilize space available air travel; and

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation that would extend space-available air travel aboard military aircraft, for a service-incurred injury or disease rated by the VA as 30% or more disabling.

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RESOLUTION NO. 499

Support for Defense POW/MIA Accounting Agency

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 POW/MIA 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 Phoenix, Arizona, August 3–6, 2024, remains steadfast in its commitment to the goal of achieving the fullest possible accounting for all United States military and designated civilian personnel missing from our nation's wars; AND

BE IT FURTHER RESOLVED that DAV calls upon our government to support personnel increases and full funding for the efforts of the Defense POW/MIA Accounting Agency and the Armed Forces DNA Identification Laboratory, including specific authorization to augment assigned personnel when additional assets and resources are necessary.

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RESOLUTION NO. 582

Support Legislation to Require the Secretary of Transportation to Annually Report on Aviation Consumer Complaints Related to Passengers With Disabilities

WHEREAS, each year, over 27 million passengers with disabilities travel by air, including many veterans with mobility, cognitive, hearing, vision or other impairments; and

WHEREAS, with an ever-aging population in the United States, including veterans, travelers with disabilities will be a growing customer segment for airlines; and

WHEREAS, without effective accommodations, such as communication of essential flight information, accessible seats and lavatories, appropriate boarding assistance, and careful handling and stowage of wheelchairs and other assistive devices, passengers with disabilities may face challenges when flying on a commercial airline; and

WHEREAS, passengers traveling by air with an authorized service animal have experienced higher-than-normal issues with boarding, deboarding and seating; and

WHEREAS, passengers have experienced difficulties in being moved, handled or having their schedules changed without consent; and

WHEREAS, the Department of Transportation continues to receive numerous disability-related complaints such as mishandled wheelchairs and scooters; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Phoenix, Arizona, August 3–6, 2024, supports legislation requiring the Department of Transportations' Office of Aviation Consumer Protection to submit an annual report on aviation consumer complaints related to passengers and veterans with a disability filed with the Department of Transportation to the Senate Committee on Commerce, Science and Transportation and the House Committee on Transportation and Infrastructure.

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